bring them about and can be expected to welcome the help that Kohut's exploration of the phenomenon brings.

The author considers that the development of psychic structures that enable the individual to bind tension arising from frustration and thereby to achieve individual autonomous status is intimately connected with the developmental stages of narcissism. Under fortunate conditions—empathic mothering—the archaic structures of the grandiose self and the idealized parental imago become integrated with the developing psyche and the energies go to aid the normal investment of the self with self-esteem, the normal development of the super-ego, particularly contributing to 'idealization' of the super-ego, which enables the person to feel secure in the possession of guiding and leading ideals and values. Failure in these normal phases of development may result in 'splits' in the psyche, particularly in respect to the grandiose self which may co-exist in a dissociated manner with a 'normal' sense of self and which is inaccessible to reality testing by the ego. The process of therapy consists largely in gradually enabling the patient to admit to consciousness the co-existence of these two states of self and thereby to establish contact between the split parts of self. The resistances to this process are great as the 'grown-up' self experiences great anxiety, shame and embarrassment at exposure to these early fantasies. The threat of personal and permanent isolation is great as such fantasies may involve the patient fantasizing himself as Hitler or Attila, the destroyers of the whole living world.

The analytical techniques that Kohut advocates spring directly from his reconstruction of these normal phases of development. He suggests that at these crucial phases the mother's whole hearted pleasurable involvement in her child's activities provide the essential matrix for healthy self-esteem and the development of a cohesive integrated self. The analytic situation is the matrix which recreates this early need-fulfilling environment and his attention and response, not primarily his interpretation, are what the patient requires and can respond to. He differentiates clearly and convincingly between the pathology of the transference and narcissistic neuroses and shows the rationale for the different techniques that are applicable.

My own copy of the book is heavily underlined on very many pages. I have found it of great value, clinically in understanding certain difficult patients, theoretically in integrating analytic ideas that have been developing in the past 30 years that have to do with early stages of mental life. Kohut provides an alternative framework to that presented by the Kleinian school and one which merits great attention in this country, where psycho-analysis has provided so much rich research and speculation in this fascinating area of mental life.

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'HOMOSEXUAL BEHAVIOUR: THERAPY AND ASSESSMENT'

DEAR SIR,

May we make two comments on Dr. Johnson's generous review (*Brit. J. Psychiat.*, July 1972, p. 109) of our book on the treatment of homosexuality (Feldman and MacCulloch, 1971)?

Dr. Johnson suggests that the desire to *appear* to have changed their sexual orientation of the 42 per cent of the total sample who came for treatment after a Court charge might have inflated the overall rate of improvement. The opposite is the case: five of the seven who failed to complete treatment (included as failures in the analysis) were on Court Orders; the motivation for treatment of all seven 'failed to complete' cases was assessed, before treatment as 'equivocal or low'; the association between pre-treatment motivation and outcome was statistically highly significant; whereas 64 per cent of the non-Court cases improved, only 44 per cent of the Court cases did so. Hence, those who presented in the context of a Court appearance can be divided into two groups; the first showed *poor* initial motivation and either failed to complete treatment or remained unchanged after a complete course of treatment; the second were little different in average level of motivation from the non-Court cases, and tended to complete a full course of treatment and to do so successfully. (All data mentioned above can be found in Chapter 3). We conclude that, far from inflating our overall success rate, the inclusion of a substantially sized 'Court' group has reduced it.

We would also like to reassure your readers that although the electrical circuits which we used throughout the development of this technique may look complicated, the problem has now been entirely solved by the recent introduction of P.A.C.E.*, an automated machine of great flexibility, which can administer anticipatory avoidance aversion therapy as well as classical conditioning, and can be used to

* Programmable Automatic Conditioning Equipment. G. E. Bradley Ltd., Electral House, Neasden Lane, London, N.W.10.

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take sexual interest latencies (see MacCulloch and Sambrooks, 1972).

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DE CLÉRAMBAULT'S SYNDROME ASSOCIATED WITH FOLIE À DEUX

Dear Sir,

Dr. Pearce (*Journal*, July 1972, pp. 116–7) is slightly over-inclusive. De Clérambault in fact included both morbid jealousy and erotomania in his group of 'Psychoses passionelles', and the fascinating case described by Dr. Pearce is surely one of erotomania. While I would not wish to quarrel with the statement that 'the precise status of De Clerambault's syndrome as a nosological entity in its own right remains somewhat questionable', I feel that the use of the eponymous term is rather confusing.

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RESULTS IN A THERAPEUTIC COMMUNITY

Dear Sir,

I am grateful to Dr. Myers for his courteous reply to my earlier letter (*Journal*, August 1972, p. 234) and do not wish to be unfair to the staff of the control ward in his study.

However, the descriptions given of the ward make it difficult to gauge what its character actually was. We are told that 'violence, or the myth of violence, was a constant preoccupation of the nurses . . . the senior nurses saw the function of the ward as discipline . . . sanctions tended to be punitive'. More fundamentally the ward was said to be one for which no single consultant had overall responsibility; the ward doctor only interviewed patients presented to him by the charge nurse. Dr. Myers now says that this is 'the best that can be achieved' with a traditional structure. Is this really true?

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A SINGLE DAILY DOSE OF A NEW FORM OF AMITRIPTYLINE IN DEPRESSIVE ILLNESS

Dear Sir,

The study by Dr. Ijaz Haider, of which the abstract was published in the May 1972 issue of the *Journal* (*120*, pp 521–2), compares three times daily dosage of amitriptyline to a nightly dose of a sustained release form of the drug. His finding that both drugs acted comparably led him to conclude that the sustained release single dose form represented an advance in antidepressive therapy, if further trials confirmed his results.

We believe this conclusion to be unwarranted. Before such a conclusion is justified, the sustained release drug should be compared with once daily dosage of the regular preparation. Saraf and Klein (1971) have shown that single daily doses of imipramine are effective, produce no significant laboratory abnormalities, and can give fewer side effects. DiMascio and Shader (1969) reviewed studies comparing once or twice daily dosage with more multiple schedules. All comparisons showed either equal or greater clinical effectiveness for the less frequent schedule. Several investigators have found sustained release forms of phenothiazines to offer no benefit (Hollister, 1964; Hrushka *et al.*, 1966; Vestre and Schiele, 1966).

Before sustained release amitriptyline is considered an advance in anti-depressive therapy it should be compared to once daily dosage of the regular preparations.

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