is that we seem to be acquiring a mental set—or displaying a set acquired in our medical schools and subsequent quest for 'higher qualifications' before we settled down to adapt to the special needs of psychiatry—so that when we come to discuss treatment for people suffering from neuroses this is very largely conducted in terms of what is the best (or latest) anxiolytic thymoleptic with which to block the patient's emotional responses. It is as though a group of physicians were to discuss the treatment of malaria, phthisis, pneumonia and other febrile conditions in terms mainly of the best available antipyretic.

There is a great deal more to the nature of an anxious or depressive neurosis than merely the affective reaction. It is not impossible, though I doubt it, that there are people who suffer from anxiety purely because of a disorder of the physiological anxiety mechanism, and of course we meet the occasional case of hyperthyroidism presenting with 'nervous' symptoms, but the great majority of patients presenting with such symptoms show anxiety as a response to stresses involved in disturbed inter-personal relationships past and present—always provided they are given time and skilled help to show what it is all about.

Admittedly an adequate theory of the development and vicissitudes of interpersonal relationships is a complicated and difficult matter. However, a vast amount of work has been done upon it during this century. A great deal is known and established. The general structure of dynamic psychopathology is perspicuous in some parts, obscure in others, nowhere complete, final and inalterable, and in general hard to grasp. One may have all sorts of legitimate doubts, reservations, or disagreements about particular parts of the large body of psychoanalytic theory and practice, but surely today it should not be acceptable for anyone working in the field of the neuroses simply to ignore it.

One of the considerations that led many of us to press for the foundation of our own Royal College of Psychiatrists was precisely that we recognized the disorders we are called upon to study and to treat as being essentially different from those met with in internal medicine. Nowhere, perhaps, is this more strikingly the case than in the field of the psychoneuroses. It is therefore especially disappointing to find the College discussing the problem of anxiety on the basis of such a predominantly 'Medical Model'.

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KOHUT'S 'ANALYSIS OF THE SELF'

DEAR SIR,

I wish to draw your readers' attention to this work, which I feel has received inadequate notice in your recent book reviews (*Journal*, March 1972, *120*, 350). I have personally found it to be the most stimulating, informative and helpful psychoanalytic publication of the past decade—one which should be reaching all serious psychotherapists.

Kohut is primarily concerned with the development of the psychic structure 'self' which though experientially close and vitally important in the experience of human existence has only lately come to the centre of psychoanalytic theory. He makes strikingly original contributions to the theory of the normal development of the self, deriving his theories from the reconstructions obtained in adult analysis. His case material is from persons whose disturbances in personality development do not seem severe and who do not display strikingly obvious psychopathology until the analysis is under way. Then the patient's characteristic transference pattern is that of the 'narcissistic transference' which enables therapeutic activation of archaic structures, viz. the 'grandiose self' and the 'idealising transference'. Already these terms, for the experienced clinician, will indicate and illuminate the types of experiences Kohut is discussing. He asserts that these two archaic structures are the normal way-stations in the passage from the early primary narcissism of the infant when, under the impact of developing awareness and unavoidable shortcomings of material care, the narcissistic equilibrium is disturbed. The infant attempts to salvage the earlier experience of 'perfection' (akin to Freud's 'purified pleasure-ego') by the elaboration of psychic structures, involving the fantasy of either possessing all the capacity for satisfying its own needs for love and care—the grandiose self—which enables it to turn away from the disappointing mother; alternatively the 'idealised parental image' is elaborated; an omnipotent object whose perfection is shared by the infant. Kohut terms this object, in fact, discrete and independent, but in experience felt as part of the self, in 'self-object'. This object is cathected with narcissistic libido, not with object libido and the infant therefore expects a similar control over the 'self-object' that it expects of its own self and body and it is felt to be essential for the maintenance of comfort and safety, the narcissistic equilibrium. When this transference emerges the analyst can feel oppressed and 'engulfed' by the patient—he is in fact treated as a part of the patient and his environment, not as a separate person. Experienced psychotherapists will be acutely and uncomfortably aware of this type of experience and of the patients who

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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