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'MEANING AND VOID'

DEAR SIR,

A review as muddled factually and conceptually as Dr Berrios' review of my book, *Meaning and Void: Inner Experience and the Incentives in People's Lives* (*Journal*, September 1978, **133**, 270–1) compels a reply. Since space restrictions do not permit a reasoned point-by-point rebuttal to the review's lattice of misrepresentations, this letter can only indicate the nature of the principal discrepancies.

Dr Berrios misrepresents me as equating 'meaning' with 'incentive' and of setting incentives up as 'a kind of *primum mobile*'. In fact, on p. 24 I wrote "The idea that incentives control behaviour . . . manages to hide as much as it reveals", and I go on to point out its circularity. Most of the book from that point on is devoted to nailing down what this 'pedestrian truth' (Berrios) may mean in terms of specific functional relationships among psychological processes and conditions—the conditions that govern attraction to objects and that determine the rise and fall of value, the role of affect in this process, the effects of frustration, and the clinical implications. The incentive-related *systems* involved are certainly regarded as pivotal features of human life, but this is very different from representing incentives as prime causes.

The review wonders about the relevance of '138 American students talking about the importance of meaning in their lives'. In fact, that isn't what they talked about, and that paragraph further misrepresents the function, number, and diversity of the samples involved in that four-page section of the book.

Contrary to Berrios, the book never refers to lack of meaning as a cause of depression or as a cause of anything else, other than to reflect a motivational basis for attempts to alter one's state of consciousness.

The review misrepresents several chapters as unoriginal rehashes of stale material. The reviewer

noted the 'expected' references but ignored the rest, as well as the original integrations. For example, are expectancy-value formulations of suicide really as customary as all that? How many books have systematically formulated principles of value change, or have traced the role of affect and habituation in value, drawing on the experimental as well as clinical literature? Above all, this book develops original current-concerns and incentive-disengagement approaches to motivation.

The review misrepresents the book as espousing a 'view of depression based on learning', a view that much of Chapter 5 is specifically devoted to rejecting.

There is much more to be said. Berrios's review simply does not fairly represent the book. I urge you to consult it yourself.

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ELECTROSLEEP

DEAR SIR,

I was interested to read your recently published study of methadone withdrawal with electrosleep by Professors Gomez and Mikhail (Gomez and Mikhail, 1979), and to learn that they had found electrosleep successful under controlled conditions, but was disappointed by the brevity of their discussion which made no mention of possible mechanisms and only mentioned four previous studies. I am not sure whether, by this, they were implying that electrosleep is so well accepted that discussion is unnecessary, or so peculiar that discussion is impossible . . . Neither of these situations apply, and I suspect that many of your other readers would also welcome the authors' fuller discussion of the results of their otherwise admirable paper.

At my own review some years ago (Hall, 1973) over a hundred previous articles on the subject were brought to my attention, and there had even then been two international symposia held at Graz in 1966 and 1969, a controlled trial carried out by American workers (Rosenthal and Wolfson, 1970) and the subject had been reviewed in several of the foreign science bulletins put out by the United States Library of Congress (Ivanovsky, 1967, 1968 and 1969) since electrosleep had been introduced by Livenstev in 1949. Despite one's inevitable scepticism about a treatment which is pleasant, quick, economical and without side effects, and which several eminent neurophysiologists have quite properly explained to me is scientifically far from respectable, an admittedly

small study (Hall and Smith *et al*, 1974) suggested that electrosleep was as effective in the relief of neurotic anxiety as tranquillizers and/or hypnosis, and I have continued using it in my own Unit in the treatment of anxiety states (some extremely intractable and 'placebo-proof') despite my own and my staff's basic scepticism.

As Gomez and Mikhail indicate, the actual technique of electrosleep is almost ludicrously simple to administer (Hall, 1973). The possibilities seem to be that the current may simply act on the scalp hair follicle receptors, producing an electronic 'cradle rocking' effect, that the monotonous repetitive stimuli may produce light hypnosis, that an induced alpha EEG rhythm may be produced (much as in biofeedback techniques), or that the whole technique is simply electronic mumbo-jumbo.

Nevertheless, there seem to be recurrent suggestions that the presence or absence of 'alpha type' ten hertz electrical microcurrents in the head are related to the presence or absence of subjective anxiety (e.g. Smith, 1973), and Lippold and Redfearn (1964) found under double blind controlled conditions that resistant depression may respond to treatment with microcurrents. Since Victorian times there have been numerous swings of fashion's pendulum regarding 'electrotherapy' of various types in psychiatry, and particularly as electroplexy, hitherto considered 'respectable' appears to be under increasing attack. I feel that some rigorous research studies of electrosleep are overdue.

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SCHIZOPHRENICS WHO WEAR EARPLUGS

DEAR SIR,

Dr Frith's paper (*Journal*, March 1979, **134**, 225) is an interesting addition to the recent literature on the possible relationship between primary cognitive abnormalities and the secondary development of schizophrenic symptoms. It is refreshing in a speculative paper of this sort to have the predictions deriving from the theory spelt out so explicitly. However, I wonder if, in formulating his first prediction (that reducing the ambiguity of stimuli should reduce hallucinations), he has too readily dismissed the idea that schizophrenics may experience some temporary beneficial effects from a reduction in sensory input. Faced with the problem of information overload (Hemsley, 1977) it has been postulated that schizophrenics may utilize one of a number of different strategies in their attempts to cope. They may for example minimize their contact with arousal-heightening stimuli by total social withdrawal (Venables and Wing, 1962). Alternatively they may employ less drastic methods to lessen perceptual input. One such case I have seen recently.

Case Report

A 20-year-old single man of West Indian origin was undergoing a day hospital rehabilitation programme following recovery from an acute psychotic illness. His breakdown had been of sudden onset, had had certain affective features and there were no residual signs of a definite schizophrenic process. His phenothiazines were therefore cautiously stopped. He fared well initially, but after a few weeks became unsociable, refused to attend groups and began to neglect his personal appearance and hygiene. His mother complained that when she visited him in his flat she found that he was no longer coping with his day-to-day household chores. In some respects his behaviour became decidedly odd. For example, he would attempt to memorize pages in the Bible and then tear them out and throw them away. Shortly after this he began to wear cotton-wool earplugs. When interviewed he denied hearing voices but said that extraneous sounds bothered him and made him feel ill-at-ease in a way which was difficult for him to describe. These sounds included the ticking of clocks and 'certain notes' in the music which was played almost continuously over the radio in the day hospital workrooms. Wearing earplugs, however, improved his sense of general well-being and helped him to 'hear