

## Correspondence

EDITED BY LOUISE HOWARD

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### Headings in structured abstracts

**Sir:** Structured abstracts for articles in medical journals typically use subheadings such as 'Background', 'Aim', 'Method', 'Results' and 'Conclusions'. Authors of articles written for the *British Journal of Psychiatry*, however, are not required to specify the 'Aim' of the studies they report, but simply to give the 'Background'. This parsimony in the number of subheadings leads to difficulties for authors. In my opinion the single subheading 'Background' does not distinguish well between the background to the study (e.g. "Previous research has suggested. . . . However. . .") and the question under investigation (e.g. "The aim of this study was to. . .").

To test this out I examined 100 abstracts published consecutively in the *British Journal of Psychiatry* since January 1997. For each abstract I classified the text written under 'Background' into one of three possible subgroups: 'aim alone'; 'background alone' and 'background and aim together' (see Table 1). A colleague also carried out the same task. We agreed on our classification in 92% of the cases. Discrepancies were resolved by discussion and further reading. The agreed percentages classified under the three headings were: 'aims alone' 26%; 'background alone' 37%; and 'background and aims together' 37%. (Aims were also sometimes given in the 'method' sections if they were not provided in the 'Background'.)

The majority of the authors thus provided both the aims and background to their studies in one way or another. It is my contention that these authors would be able to do this more clearly if, when writing abstracts for the *British Journal of Psychiatry*, they were aided by the explicit use of

**Table 1** Examples to illustrate the classification of the texts written under the subheading 'Background'

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**Category 1: 'Aim' alone**

"This paper examines the social and psychological impact on victims of stalking."

**Category 2: 'Background' alone**

"Little information is available on the costs of residential care for people with mental health problems, and there are very few research data on how or why the costs of provision vary."

**Category 3: 'Background' and 'aim' together**

"Delusions are assumed to reflect disordered reasoning, but with little empirical support. We attempted to study this in 16 relatively intelligent deluded patients and 16 normal volunteers."

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the additional subheading 'Aims'. Readers would also find it easier to locate the aims of the reported studies.

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**Editor's reply:** We agree. We will change the 'Instructions to authors' accordingly, asking for both 'Background' and 'Aim' subheadings to be used in summaries from January 1999.

**G. Wilkinson** Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG

### Recovered memories of childhood sexual abuse

**Sir:** The report of Brandon *et al* (1998) regarding memories recovered through hypnosis, dream interpretation or age regression was like exposing the nudity of the proverbial emperor to the court audience glorifying his clothes. While most psychiatrists, after decades of experience with cognitive sciences, are willing to admit that they know only about the 'arm of mindbody', it is unethical to allow a therapist with a few years of postgraduate tuition to study and treat psychiatric patients.

The belief that memories of childhood sexual abuse can be recovered by hypnotic age regression stems from an original confusion between suppression of libidinal instincts and experiences. Therapists had misconstrued the Freudian concept of suppression of sexual feelings and true sexual experiences. Sexual feelings are suppressed whereas sexual experiences and associated memories are not forgotten. At the most, only a weakening of the memory could take place or the memory might become less vivid with the passage of time. So hypnosis or hypnotic age regression has no role in unearthing the true sexual memories. On the other hand, such an endeavour could lead to a false memory syndrome. Dingwall (1967) recognised that individuals can fabricate narratives of imagined experiences in greater detail than that for which conscious knowledge would seem to account. Past life regression serves a good example. After spending 30 years investigating 3000 cases of children remembering previous lives in six cultures, Stevenson (1997) is now inclined to believe in the idea of reincarnation. But he also points out that if the memories of all the hypnotically regressed subjects claiming to have been present at the crucifixion scene of Christ in their previous lives were true, the Roman soldiers would not have had space to stand at the mount Golgotha! The ego-strengthening power of hypnosis is wrongly applied and hypnosis can increase the confidence with which the memory is held while reducing its reliability. Medical hypnotherapists like to stay away from matters of childhood sexual abuse cautioning hypnotherapeutic misuse by marginally trained therapists.

Information obtained through age regression is like a historical novel that might contain some facts and fiction. A few items of memories from childhood become