

Correspondence

BEHAVIOUR THERAPY

DEAR SIR,

You have recently published some very interesting material on this subject and some of the contributions contain important implications. Thus Dr. Allchin (January, 1964, p. 108) doubts whether aversion therapy can still be regarded as medical treatment partly because of the "inward trauma and the shattered self-respect". On the other hand there are those who have similar misgivings about psychoanalysis or hypnosis, sometimes for the very same reason. Personal allegiances or dislikes should not make us deprecate a given approach as "not being medical treatment", but we should study what all medical specialties—including such widely different ones as surgery and psychotherapy—have in common, and clarify the legitimate meaning of "treatment".

Conditioning is a basic mental mechanism which determines much of our thinking, acting and feeling and forms the basis of habit formation. Since the dawn of history society and family have linked unpleasant associations (punishment) with undesirable actions, and "aversion therapy" is only a limited small-scale sample of a universally used method. Without it there would be no social adjustment and no upbringing. Painful associations can be created by concrete and crude conditioning, as with apomorphine; but conditioning can also be done subtly by creating, utilizing or manipulating associations (imagined situations, painful emotions, emotion-laden words, utilizing situations or stimuli created by society or the family).

The crude concrete type of aversion therapy is applicable only to a limited number of patients and is of limited efficacy at best. Patients ready to accept such therapy, and many others who would refuse it, might benefit more from the more flexible methods, such as APTO has developed for offender patients, which try to set up inner inhibitions while at the same time developing social satisfactions and personal relations and identification with a socially oriented therapist.

The subtle use of negative associations (e.g. through semantics) is a very interesting subject for study and plays an important role in all attempts to influence people, including therapy. After so many decades of psychotherapy, we still have not studied the mechanisms underlying therapy but tend to think

in clichés. Thus we have become conditioned, largely through constant repetition, to think of psychoanalysis as "insight therapy", as being causative, dynamic, etc., and tend to overlook the fact that it has taken months or years to condition the patient to the analytic situation, and that if analysis has a beneficial effect this may often be due to having created the associative link "emotional relief-analytic interpretation".

Behaviour therapy as practised by J. Wolpe is subtle and complex. Most of the conditioning is done with concepts (anticipations of situations rather than situations) aiming at desensitizing, while the purpose of aversion therapy is sensitizing. In addition to conditioning, Wolpe also helped his patients to improve their personal situations, and taught them to handle people more successfully and to think more clearly about their own reactions. These are all therapeutic factors (and he probably used others as well); and so is identification with a therapist anxious to help. Neuroses have many causes and facets, and so should therapy. Life stress and unhappy personal relations are important causatively, and improvement in these areas usually alleviates neurotic reactions. Again, the patient's own attitude and that of his environment towards his symptom are often aggravating factors, and if these can be improved alleviation usually follows.

Probably most therapists are in practice more flexible, guided by clinical exigencies and spontaneous reactions, but find it difficult to describe what they actually do, and therefore tend to fall back on clichés. This is a pity.

Yours faithfully,

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CASTRATION PHANTASIES

DEAR SIR,

The author of "An Experimental Study of Parental Castration Phantasies in Schizophrenia" (January, 1964, p. 67) introduces his study by taking note of the need for psychoanalytic concepts to be subjected to the rigours of scientific investigation. Unfortunately, his endeavour in that direction falls far short of his

laudable intentions. It appears that he is unaware of the fact that statistically significant data can be obtained which have little bearing on the issue being investigated. Given the available data, one could propose several alternative explanations which would seem more plausible and economical than the one given. Cannot schizophrenic (and perhaps normal) subjects think it more likely that a man would commit an aggressive act of the type illustrated than a woman? If so, similar aggression by a woman would be more frightening. A more apt title for the paper would be "An Experimental Study of the Expected Sex of an Imagined Aggressor", and the findings would merely confirm what most people knowing our culture would have guessed. One might have hoped that the author would have employed (or the Editors would have demanded) some simple controls, such as cartoons showing other forms of aggression which have little relation to castration (or will the "sophisticated observer" interpret any aggression as castration?). Note also the shift as the questions in the protocol proceed from "man or woman?" to "mother or father?", producing a probable halo effect and obtaining a response from the subjects about parents as aggressors which might otherwise not be forthcoming.

An experimental design which does not eliminate such obvious sources of bias is hardly better than the *a priori* techniques which have been thus far employed in confirming analytic theory, and only serves to cloak its deficiencies under a pseudo-scientific guise.

Yours faithfully,

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ANGLO-GERMAN PSYCHIATRIC CONFERENCE

DEAR SIR,

I would be grateful if you will allow me to draw the attention of your readers to the Anglo-German Psychiatric Conference which will be held in Edinburgh from 14 May to 16 May, 1964. I will be pleased to supply anyone interested with further details of the Conference.

Yours faithfully,

FRANK FISH, Senior Lecturer.

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Correction

The following misprints in the article **Male-Female Differences in Underwater Sensory Isolation**, by Cathryn Walters et. al., which appeared in our March number, are regretted:

page 290, column 1, paragraph 2, read *Our first exploratory study*

page 292, Table III, first part—line beginning "Error"—for the three question marks substitute the figures 16, 117, 7·3

page 293, Table V, section headed "Medical Students"—remove decimal points before the noughts in columns 1 to 4

page 293, Table VI, column headed "Females", line 2: read "1 out of 18 ‡" instead of "1 out of 18 *", i.e. $p < .001$ instead of $p < .025$