

You will agree, I am sure, that I am uniquely qualified to write the article.

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DEAR SIRs

How delightful to find the *Bulletin* celebrating the Silly Season with appropriate light humour in the form of Dr Charlton article wittily titled 'The Moral Case against Psychotherapy' (*Psychiatric Bulletin*, August 1991, 15, 490–492). Dr Charlton fills the traditional role of court jester saying what dare not be said by ordinary courtiers, in a traditional and stylised mode of reversal (for, of course, it is patients who talk and psychotherapists who listen, not vice versa), scarcely expecting to be taken seriously and yet reflecting a deep, hermeneutic understanding of the medieval culture in which he operates – only last week was I told, in all seriousness, by a senior colleague that "psychotherapy is to psychiatry as astrology is to astronomy". Like all good teases his provocative piece contains a germ of truth underneath the cheery surface of gratuitous insult, character assassination and self-mockery: a medical training in the provision of unsolicited advice to the deferent and politely silent punter (who actually came to have her ears syringed or for a repeat prescription of the Pill) is a definite disadvantage to the trainee psychotherapist – just another bad habit to unlearn. Psychotherapists might indeed not only reflect on but take heart from the quotation with which Dr Charlton rounds off his piece of whimsy – 'inner authority' and the liberation involved in discovering, owning and delighting in it is what psychotherapy could be said to be all about.

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DEAR SIRs

In the section Personal View (*Psychiatric Bulletin*, August 1991, 15, 490–492), there is published a critique on psychotherapy by an anatomist. Charlton regards psychotherapy as "a phoney activity", and psychoanalysis as "a leading phoney profession". He also regards his own work as a teacher as "a different kind of phoney"; in that sense his view seems to be the same, whatever the background profession.

However, the point of writing is not to take issue with Charlton's logic, but to wonder why the editors of the Royal College of Psychiatrists' *Bulletin* should invite an anatomist for an opinion on psychotherapy and psychoanalysis.

We have within our College, Fellows with a thorough background knowledge of psychiatry and psychoanalysis. If one wished for an update, quality critique on analytic psychotherapy and psychoanalysis, an expert professional opinion could have been obtained.

To ask an anatomist, who deals with bodies rather than live people for an opinion on psychotherapy seems bizarre. It would be equivalent to the Royal College of Surgeons asking a psychiatrist for his opinion on a highly technical surgical procedure.

The depressing conclusion seems to be that acceptance for publication of this article is indicative of the attitude held towards psychotherapy by the editorial board of our *Psychiatric Bulletin*.

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Editorial note

*Dr Charlton's article was not solicited; see also the following letter from Dr Charlton in relation to his professional background.*

DEAR SIRs

I am pleased that my article has elicited a response from the readers of *Psychiatric Bulletin*. I must point out, however, that the "5:1 against" ratio of these letters is not typical either of university or of general medical circles, the consensus is certainly in my favour. Psychiatrists, may be happy with professional psychotherapy, but they have not succeeded in convincing the rest of us.

But, to specifics . . . Unfortunately, Dr Nicholson's account of the "gist" of my article does not conform with what I actually said. Never mind, there is still much to disagree with in his letter. For example his idealistic descriptions of what psychotherapy is supposed to do; the whole crux of the matter is whether psychotherapy really does do any of this? And what of this "skill" which therapists practise? What kind of skill is it that is unmeasurable and unprovable? Even if there is such a skill, then who says that psychotherapists have got it? Answer: the psychotherapists themselves – an essentially self-selected group. I am asked if I would deprive NHS patients of short psychodynamic therapies? Why not? They are an unvalidated waste of precious resources and as such, whether immoral or not, should certainly not be given the imprimatur of professional and state approval.

This leads onto Dr Davison's remark that psychotherapy is still available on the NHS "so technically you do not have to pay for it". But this means that instead of the client paying for it, *everybody* has to pay for it. As Dr McDonald emphasises in his

admirable letter, this is if anything *worse* than privately paid for therapy. But the fact that people are willing to pay for something says nothing about an activity's efficacy or its morality.

It is kind of Dr Davison to correct my "misconceptions" about the subject. Nevertheless, he is quite correct in assuming that I am happy to lump together psychotherapy and counselling – my criticisms apply to both – and anyway, to be frank, they do not seem "very different" to me. As for the confident assertion that non-psychoanalytic forms of psychotherapy "do not produce a dependent relationship"... Well, I can only respond, in a loud voice, "Oh Yes They Do?"

I enjoyed Dr Davies' image of myself as some kind of anti-pretentious gunslinger. He might be interested to know that my arguments with him do not, apparently, stop at psychotherapy: I have written against the prevailing views of triumphalist scientism in *A Critique of Biological Psychiatry* (Charlton, 1989). But I would not challenge the basic idea that talk is (sometimes) strong medicine: the big question is – talk from whom? When I want conversation I choose a person from those I know something about. I do not look them up in a list of "trained" professionals.

I am happy to see that Dr Acland is as interested in my professional subject of anatomy as I am in psychiatry. If it makes my own arguments more valid, I am pleased to inform her that – aside from extensive undergraduate experience of the subject, including a two year research project, and study abroad – I spent a year as a full-time psychiatric registrar having MRCPsych training, followed by three years of clinical research culminating in an MD on neuroendocrine aspects of depression and dementia, with (at the last count) 18 papers plus assorted other communications on the subject. It might be said that I am about as "qualified" to write on psychiatry as anybody who is not actually in clinical practice – although I honestly do not see why one has to be an expert to unmask the pretensions of psychotherapy. As for the pretensions of anatomy, if Dr Acland would like my views, she might look at a recent issue of the *BMJ* (Charlton, 1991).

I must be careful not to trip and impale myself on one of Dr Mitchison's barbed witticisms. I would just ask her to think again about her comment that it is psychotherapists who listen and the patients who talk. If this is true – which I seriously doubt – then why set-up a full-time profession of highly paid "listeners" (as opposed to a friend, a relation, teacher, GP, priest, the Citizen's Advice Bureau, the Samaritans, the landlord of the local pub, Uncle Tom Cobbley – or a cardboard cut-out of Sigmund Freud for that matter)? And finally, "inner authority" and the liberation involved in discovering, owning and delighting in it" is *not* what psychotherapy is all

about. No – that is what *life* is all about. There is a difference.

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#### References

- CHARLTON, B. G. (1989) A critique of biological psychiatry. *Psychological Medicine*, **20**, 3–6.  
— (1991) Anatomy: past and present. *British Medical Journal*, **302**, 1001–1002.

#### Research audit

DEAR SIRS

The recent article on research activity among trainee psychiatrists (*Psychiatric Bulletin*, June 1991, **15**, 353–354) cannot go unanswered, particularly by someone who is apparently in the unenviable position of recently moving from the most productive region to the least productive one. Although the study may be seen as a reasonable first attempt to look at an important area, it appears to suffer from such severe methodological problems as to invalidate the conclusions reached. The initial claim that it audits research activity in the training grades is erroneous. In fact it audits authorship of publications by trainees, in a very limited number of publications, over a short time. Research activity and publications are not the same thing for several reasons, one of which is publication bias as Easterbrook *et al* (1991) have recently shown. Nor is it acceptable, as the authors have done, to combine original research articles with case reports if one is interested in research activity, as the amount of research time involved in producing each is very different.

Even if one were interested in regional differences in trainee authorship of publications, no real conclusion about this can be reached from the article. This is because, although the article contains a breakdown of publications per teaching hospital, there is no attempt to control for the total number of psychiatric trainees at each teaching centre. This can vary by several fold and unless allowances are made for this, results cannot be interpreted meaningfully. The authors acknowledge "certain deficiencies" in their methodology, including inadequate sampling, but then comment that there is "significant regional variation" in research activity. This may well be the case but the study fails to demonstrate it. What, for instance, is the year by year variation for a given region in the journals studied? Are different journals selected preferentially by different regions? Judging by the table the authors produce there is considerable variation in choice of journal, even when only