enthusiastic advocates of the importance of the sequelae of bereavement are in error if they do not accept this factor as being only one among a number, but equally it is naïve to dismiss this factor on the grounds that many individuals who are bereaved in childhood do not become depressed or attempt suicide in adult life.

OSCAR HILL.

Academic Department of Psychiatry,
Middlesex Hospital Medical School,
London W1P 8AA.

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SHORTCOMINGS OF SCIENTIFIC PSYCHIATRY

DEAR SIR,

The paper *A Controlled Study of LSD Treatment in Alcoholism and Neurosis* by R. Denson and D. Sydiaha (*Journal*, 1970, **116**, 443–35) illustrates the shortcomings of the scientific approach in psychiatry. The controlled study is objective, the patients are classified according to psychiatric diagnoses, and the result of the treatment is evaluated with the aid of objective rating scales.

Patients were 'allocated at random to Treatment and Control groups', they had no choice of a therapist, and as they had been referred for this treatment from other centres they met a set of people with whom they had had no previous relationships.

After the treatment the patients returned to their referring psychiatrists 'who were expected to continue to provide standard treatment to the members of both groups' without having been present during the vital LSD experiences. One gains the impression from the paper that nobody was present during the LSD session, which was carried out 'in single rooms'.

LSD produces a variety of experiences; hallucinations, re-living of early childhood and insight into life as a whole with all its challenges. The authors of the paper admit that these experiences are intense and are liable to produce anxiety. They reduced this anxiety by giving the patients dextroamphetamine.

What people under LSD need is not a tablet but the relationship with a therapist who knows their problems and whom they trust (he may use drugs to modify the experience if he considers it necessary).

The patients who formed the scientific material for Denson's and Sydiaha's study were deprived of essential help. The scientific, objective approach might easily have driven some of them to a psychotic state or to suicide. It is not surprising that 'the supposed therapeutic benefits of LSD treatment in alcoholism and neurosis were not demonstrated by this experiment'.

E. K. LEDERMANN.

Marlborough Day Hospital,
London, N.W.8.

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THE PHYSIOLOGY OF FAITH

DEAR SIR,

Dr. Allen's psychopathological approach to faith taken as a basis for the total field of human experience (*Journal*, March 1970, p. 352) limits rather than enlarges the understanding.

Medical training very rightly begins with a long period of study of the normal, and so should the study of faith.

The extremes of neurosis or psychosis, simply because they may have some religious content, are very poor material indeed with which to begin such a study. Such bizarre experiences may be included at a later stage, and with a due sense of proportion to the whole, but it is only after having taken full account of the phenomenon of faith throughout the world, in persons and communities of many kinds, many races and many creeds, that anything like an adequate picture can be formed, and this would require a highly trained team of experts in a variety of specialist roles to produce anything worth while.

To use the abnormal to interpret the normal is putting the cart before the horse, and so to use psychopathology in an attempt to gauge a person's faith in God is more likely to distort reality than to clarify it.

H. V. WHITE.

H.M. Borstal,
Lowdham Grange,
Lowdham, Notts.