based (rather tenuously) on the higher maternal age analogous to that for Down's syndrome, and is independent of what this higher age is secondary to. Abe *et al.'s* dismissal of this hypothesis on the basis of their findings is a *non sequitur*. They simply confirm Slater's findings and neither add to nor detract from his conclusions. They have left Slater's hypothesis where it stood, while their new findings relating to the higher paternal age can be interpreted in various ways and need not supersede Slater's hypothesis at all. Besides, the Romans have taught us '*mater semper certa, pater incertus est*'.

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PSYCHOTHERAPY AND BEHAVIOUR THERAPY

DEAR SIR,

The article on behaviour therapy which Dr. Doris Mayer published in the April 1969 issue of the *Journal* (p. 429) aroused my keen interest. The main trend of her argument is one which would be agreed by all thinking psychoanalysts and behaviour therapists, but I was astonished at the narrow view which Dr. Mayer took of behaviour therapy. Many techniques, apart from aversion therapy, are used by behaviour therapists: systematic desensitization (Wolpe, 1958), implosive therapy (Hogan, 1968; Stampfl and Levis, 1968), assertive training (Wolpe and Lazarus, 1966), operant conditioning (Ayllon, 1963), and emotive imagery (Lazarus and Abramovitz, 1962) being a few of these.

Behaviour therapists, in recent years, have acknowledged in their writings their debt to psychoanalytic theory (Brady, 1967; Kraft, 1967, 1969), just as well-informed psychoanalysts are aware of developments in the behaviourist field (Weissman, 1967; St. Blaize-Molony, 1968).

I would certainly agree with Dr. Mayer that the mother who cured her child of fears of the dark was using behaviour therapy successfully, and I should like to point out that there are several reports on mothers who have been trained to act as therapists for their children (Wahler *et al.*, 1965; Lal, 1968).

As far as therapeutic efficiency of behaviour therapy is concerned, this largely depends on the personality of the therapist carrying out the treatment. In their study on smoking, Koenig and Masters (1965) found that the amount of change in smoking behaviour was significantly related to the therapists but unrelated to the particular therapy administered. This observation raises important questions as to the precise role of the therapist during a course of behaviour therapy. Transference is certainly an extremely important component; in fact, one housebound housewife, who made an excellent recovery through behaviour therapy, developed a fully erotized transference during her course of treatment (Kraft, 1967, 1969).

In conclusion, I should like to say that behaviour therapy, though only recently introduced into the psychiatric field, is particularly useful in bringing immediate relief from distressing symptoms. In conjuction with analytic thought concerning the unconscious material which emerges during a course of treatment, it can be most valuable in restoring the patient to health.

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