

Correspondence

Letters for publication in the Correspondence column should be addressed to:

The Editor-in-Chief, *British Journal of Psychiatry*, Chandos House, 2 Queen Anne Street, London, W1M 9LE.

MENTAL HEALTH AND FREEDOM OF CONSCIENCE

DEAR SIR,

In view of the lively public interest aroused concerning the above topic, I thought it might be of interest to your readers to know that the Executive Committee of the World Federation for Mental Health at its last meeting approved the following Memorandum for publication:

There are many definitions of mental health, but one thing they all have in common is the recognition of each man's freedom of opinion which is based on freedom of conscience—that is, his right to hold and to affirm his personal moral values. Freedom of opinion has been attained only relatively recently in some countries of the world; in others it still has to be asserted, and in all countries it has to be vigilantly defended, because deprivation of this freedom is both an affront to human dignity and a severe form of mental cruelty. Respect for freedom of opinion has been incorporated in the United Nations' Universal Declaration of Human Rights.

In recent years, there have been numerous public allegations concerning the current misuse of psychiatric diagnosis, psychiatric 'treatment' and enforced confinement in psychiatric institutions of persons whose only 'symptoms' have been the avowal of opinions disapproved of by their society. These accusations have been directed in particular—though not exclusively—against the alleged incarceration of political dissenters in prison mental hospitals in the U.S.S.R.

The World Federation for Mental Health resolutely opposes any such abuse of psychiatric procedures, and calls on its Member Associations throughout the world promptly to investigate all such allegations and to defend the individual's freedom of opinion where it appears to be threatened. The Federation also calls on the mental health professionals and the Governments of countries where there are no voluntary Mental Health Associations to investigate all charges of the misuse of psychiatric procedures for political ends, and to demonstrate convincingly to the world that such practices are not condoned in principle nor allowed to continue where they are shown to have occurred.

The Memorandum was passed *nem. con.*, with one abstention.

G. M. CARSTAIRS,
Past President, W.F.M.H.

*University Department of Psychiatry,
Royal Edinburgh Hospital,
Morningside Park,
Edinburgh, EH10 5HF.*

TRIBUTE TO DONALD WINNICOTT

DEAR SIR,

In the tribute to Donald Winnicott at the N.A.M.H. meeting, which Dr. Kahn reproduced in his letter in the *Journal* for January 1972 (pp. 119-20), the 'squiggle' is described as 'a very simple device for communication between two people. Each takes a small piece of paper and produces a scribble . . . and then the papers are exchanged'.

In fact, Dr. Winnicott described the squiggle game in the first case in his *Therapeutic Consultations in Child Psychiatry* as follows:

'I shut my eyes and go like this on the paper, and you turn it into something, and then it is your turn and you do the same thing, and I turn it into something.'

This technique allows for much more concentration on what each is doing and avoids the introduction of a gratuitous competitive element.

Dr. Kahn comments that there is the accepting of something which is apparently chaotic. Dr. Winnicott put the same point in one of his characteristically vivid phrases: 'If you want to learn from me, you will have to dig from chaos.' Dr. Winnicott's ability to persist in tolerating his patient's chaos without premature intervention, together with his preparedness to expose himself, facilitated a truly therapeutic consultation.

PERRY CALWELL.

*118 Harley Street,
London, W1A 1AG.*

PATIENTS WHO LAPSE FROM GROUP PSYCHOTHERAPY

DEAR SIR,

Sethna and Harrington (*Journal*, July 1971, pp. 59-69) describe the phenomenon of lapsing from group psychotherapy. They are apparently not concerned with ways of predicting suitability for group treatment. However, the 'non-starters' at

least must be considered wasteful of resources, and it would be of interest to know characteristics of these patients which might help to predict unsuitability. Ideally, a prospective study is indicated; however I wish to report results based on very simple data (age, sex, marital status and number of siblings) which were routinely collected from a sample made up of all patients treated in the last four years at this hospital in weekly out-patient groups of an analytical type.

It seemed likely on an intuitive basis that success in group therapy would be associated with the size of family that the patients came from. In particular it was expected that the pattern of lapsing of patients without siblings (only children) would be different from that for patients with siblings.

The sample of 151 patients was divided into sub-sub-samples: (i) non-starters who attended a total of six or less sessions; (ii) long stay patients who attended 25 or more sessions; and (iii) intermediate categories who attended for 7-12 sessions and for 13-24 sessions.

TABLE I
Pattern of lapsing

	Number of sessions attended				Total
	1-6	7-12	13-24	25 or more	
Only children	12	1	4	15	32
Patients with sibs	26	27	27	39	119
Total	38	28	31	54	151

χ^2 for only children (intermediate categories merged) -- 7.57; d.f. -- 2; p -- less than 0.05

The pattern for only children is clearly bimodal and quite different from patients with siblings (Table I). There are therefore two quite separate kinds of only children—one kind that is unusually suited to groups, and the other kind who apparently cannot tolerate the presence of others in their treatment.

TABLE II
Marital status

	Only children (no. of sessions)			Total sample
	1-6	7-24	25 or more	
Single	5	5	14	114
Married, widowed separated or divorced	7	0	1	37
Total	12	5	15	151

What, if anything, will distinguish between these two kinds of children? Table II shows the proportion of only children who are or have been married. It is very striking that all except one of the only children are non-starters.

It can be tentatively suggested that married only children should be considered less suitable for group therapy.

It is also interesting to consider psychodynamic aspects of the personalities of only children. On the basis of whether they stay or drop out of groups they can be labelled as 'sociable' or 'unsociable'. The 'unsociable' (non-starters) presumably seek to preserve the characteristic situation of their families of origin and to exclude others who could represent siblings from intimate relationships. They seek exclusive relationships, and of course it is these 'unsociable' only children who marry. Their problem is that they cannot share—as a result one would expect that the marriages would be characterized by a dependency relationship, that there may be abnormal jealousy, and that there would be less likelihood of children from the marriages.

The 'sociable' only children are very different. They appear to avoid exclusive relationships and cannot pursue one to the point of marriage. One might expect that their childhoods and lives have been dominated by guilt about the absence of siblings, so that they are compelled to share.

R. D. HINSHELWOOD.

Marlborough Day Hospital,
38 Marlborough Place,
St. John's Wood,
London, N.W.8.

COMPATIBILITY OF MAOI AND OTHER PSYCHOTROPIC DRUGS

DEAR SIR,

Man and Aleem (*Journal*, Jan. 1972, p. 120) state that they read my paper (1) with interest, but also, apparently, without understanding. The paper was concerned with the use, not the misuse, of combined antidepressants. It is difficult to see what relevance the drug history of their patient has to the administration of drugs under proper medical supervision or indeed to the whole question of the compatibility of the MAOI's and tricyclic antidepressants.

Schuckit *et al.* (2) do not report the combination of tricyclic drugs and MAOI's to be effective, they report it to be safe—when used orally in normal therapeutic doses. The case under discussion is of course just another example of the numerous red herrings they have so carefully snarled.