I wrote last time on the basis of over nine years' work in the industrial North of England—very different from Dr. Mawson's sheltered workshop conditions. At this moment, I am the only psychiatrist for an island with more than 100,000 people; there has rarely been a trained psychiatrist here in the past, and none for at least two years. There are many urgent problems of psychiatric morbidity in this area, but the most inescapable is that of schizophrenia. It seems as plain as a pikestaff to me that in a situation like this, where primary medical care and social services are almost non-existent, the best way to help these people is to get nurses to give them regular long-acting phenothiazine injections.

Whether I know I believe this or believe I know it is a semantic point I will leave to the sages of Denmark Hill. What I know and believe is that if I do not take this action *now*, and persuade other doctors to do the same, thousands of unfortunate people will languish unnecessarily in the snake-pit conditions of Caribbean mental hospitals, or perhaps in even worse circumstances elsewhere. If Dr. Mawson still considers this a piece of self-deception, he could come and try for himself.

Renée Dubos has pointed out (3) that while we concentrate so much of our resources on acquiring new knowledge, we fail to make practical application of existing knowledge which, even though incomplete, would be capable of solving most of our currently pressing problems. This is certainly the case in psychiatry today. In the course of several visits to the U.S.A. I have seen untold wealth poured down the drain in the name of 'research', whilst the most crying human needs are ignored. If the NIMH had never existed, if not a single American psychiatric journal had ever been published or any thesis written, if there had been no conferences, 'workshops', seminars or evaluative meetings, if not a single dollar had been spent on any form of non-commercial research, would any patient have been really worse off? On the other hand, if the whole of this immense investment had gone into the actual provision of clinical facilities and services, would not the American public have benefited immeasurably?

This apparent digression is very relevant to the difference of attitude between Dr. Mawson and myself. In the U.S.A. the fact that resources are dictated by intra-professional goals (and whether these are financial or intellectual makes little difference) has resulted in the creation of what has been called with some justice a 'professional mafia'. Enormous sums, both public and private, go into the system, but little emerges to help the patient as a human being. We have to avoid such a situation in Britain by ensuring that academic medicine in general is firmly anchored in community needs. I believe that this should involve, amongst other things, a greater respect for the therapeutic openings which are made by practising clinicians, such as Dr. Kelly and his colleagues.

I agree, of course, with the quotation from Sir Denis Hill and wish that more evidence of such 'partnership' came from the university departments themselves.

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[This correspondence is now closed. Ed.]

DEPERSONALIZATION AND ESTRANGEMENT: INDIVIDUAL OR SOCIAL PROCESSES?

DEAR SIR,

The organic, psychological, psychoanalytical, and general clinical psychiatric theories of depersonalization, recently surveyed by Dr. Sedman (1) have this in common: they concentrate on the individual person, using concepts of a more mental or of a more structural functional model, as the case may be. Accordingly, depersonalization is contrasted against the conditions and processes effective in the growth and maintenance of personality and in establishing the perceived, or self-perceived, coherent personal identity.

One would wish, however, to take into consideration that the sense of self-identity and the reliable feelings of a quasi-permanent image of the own coherently consistent person, together with their impairment in depersonalization and estrangement, all point close links with the transpersonal processes of communication. Expressive-interpretative interchanges proceed at all levels: verbal, pre-verbal, and non-verbal (e.g. postural or autonomic-vegetative, as in blushing, paleing, or missing a heartbeat); interpersonal identification phenomena play a discernible role in shaping the features of the individually and personally sensed self image.

For this reason, observations about communication processes could serve to supplement and reconcile some seemingly opposed views: on the one hand,

the descriptive approach, exploring a structural organismic origin, and on the other, the more intuitive interpretation, reflecting a more psychological mental imagery of both the ego feelings and their impairment in depersonalization states. In the communication processes, a shared context is established between participants by their common language. Now, their individual ego-feelings, corresponding to a mood-like inward state subjectively perceived as a sense of self-identity, are accessible to the confronting observer only through his own sensitive intuition; but during a communication they become externalized, expressed and objectivated within the group and through it. By a multiple interplay of stratified expressive-interpretative interactions, the communication process takes its course from one participant to the next, and links the subjects to one another. The merging of individual selves within their group, or again their seclusion and exclusion through estrangement and loss of identity, all show the fluctuations of the displayed self image, as reflected in the microsocial phenomena of group interaction.

The multiple configurational, complex patterning of both the productive and the receptive language performance was stressed by Freud already in 1891 (2). Radio, TV and the various stereophonic and stereoscopic audiovisual display techniques, all unknown at that time, furnish today useful paradigms for this many faceted 'gestalt' approach. In communication technology and information theory, the concepts of multiplex processing and multichannel transfer of message patterns have confirmed the contrast between stably set structures and processes subserving transmission and reproduction, on the one hand, and the creation of the transient expressive patterns of meaning proper on the other.

From the neurological field, among the agnostic disturbances, we find in prosopagnosia an impaired ability to relate properly to the meaning of facial expression, even to one's own: '... the affected person is incapable of recognizing his own face in the mirror ... (it) appears to be strange and unknown ...' (3). In my own observations I have noticed prosopagnosia persisting as a permanent disability in concentration camp survivors, following diffuse organic damage due to starvation and severe exposure. In these cases familiar faces could only be recognized after hearing the respective person's voice, as if monitoring the visual image by way of the appropriate sound impressions.

Similar observations of stranegness phenomena have been noted in psychoanalytically informed description of clinical findings. There is strongly suggestive evidence that early perinatal mother-infant interactions serve as preconditions for the proper initiation of the non-verbal, pre-verbal, gestural and postural communication flow, since, '... from the very beginning, the baby appreciates the aliveness of the mother ...' (4). Furthermore, a detailed analysis of clinical manifestations in certain estrangement states demonstrates the intimate connexions between feelings of self identity and the reciprocal identification processes. This allows us to distinguish the depersonalization and derealization states from experiences of 'de-animation', a specific, separable clinical picture (5).

The prospects of unifying and integrating these concepts from neurological, psychoanalytical and communication theory have been considerably improved by introducing objective records of expressive functioning, through linguistic-kinesic (L-K) research under observational conditions of repeatable measurement and controlled time-flow (6, 7). Phenomena of self-synchrony and of interactional synchrony are recorded; they can then be compared with those of dys-synchrony and other disruptions of the individually integrated co-ordination of expressive motility or of the interpersonal ordering of communication processes. Some of these observations concern a case of multiple personality; their relevance to variations in the perception of self identity may point the way to an objective elucidation of depersonalization phenomena also (8).

Self-estrangement and depersonalization were correlated to the phenomena of social estrangement as far back as 1952 by Federn (9). There is a historic line here, from the Vienna of 1891, when Freud stressed the configurational, functional unities of ideational symbolic imagery—to that of the 1930's, of *Civilization and its Discontents*, of Aichhorn's *Wayward Youth*, and the later concepts of ego psychology, for instance Federn's 'Entfremdung' and 'Ent-ichung'. These trends, I feel, reflect the anxieties caused by the threatened loss of social coherence, by the recession of common aims and purposes, and the concomitant crisis of identity, tradition and values in the civilized communities.

These signs are still with us today. Isolation and loneliness have cast a veil of doubt on the very reality of individuality and its values. The general disengagement from shared mutal commitments have made of estrangement and depersonalization a hallmark of the contemporary human condition. A challenge beyond the merely clinical aspects calls for our renewed interest in the 'dynamics of personalization', using measurable objectivated observations of the communication processes in dyadic, triadic and polyadic human groups. This may shed new light on the malaise of social fragmenta-

tion through violence, hostility, suspicion, intergroup tensions, and the 'generation gap' phenomenon, and could even conceivably help to contain the pugnacious aggression that besets the growth of civilization in our days. It may help us to understand the widespread but feeble yearning for a well-nigh unattainable 'togetherness' amidst growing disengagement, and the anguish of increasingly impersonal human relations in an epoch of depersonalization and estrangement.

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ATTEMPTED SUICIDE AS LANGUAGE

DEAR SIR,

I am glad that N. Kreitman (*Journal* October, 1970) now accepts my view (*Journal* July, 1970) that to attempt suicide is not to indulge in linguistic behaviour, and that by placing it in his category 2 of 'Non-verbal but culturally determined communication, such as a ceremonial bow or the raising of an eyebrow' he is also in agreement with my description of it (*Journal* July, 1970) as being in the category of 'the pre-syntactic learning of a one-to-one link at the conceptual level of a meaningful sign or gesture'.

Indeed, we are equally in agreement that there is a wider issue here (which may explain our interest in the matter) in that some psychiatrists view 'much of the behaviour of most patients as some kind of communication', and that, without care, the concept of communication 'for all practical purposes will cease to mean anything'. (*Journal*, October, 1970.)

Unfortunately I regard 'Attempted Suicide as Language' at fault precisely on this issue, and even the amended form of 'Attempted Suicide as Non-verbal but culturally-determined Communication' is mistakenly ascribed 'characteristics of communication at the level of language.'

At the risk of repetition, may I restate my views, which are held to be in need of clarification: non-verbal communications, such as winks, ceremonial bows and self-poisonings, are not language.

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SHORTCOMINGS OF SCIENTIFIC PSYCHIATRY

DEAR SIR,

Dr. R. Denson's reply (*Journal* October, 1970, **117**, 457) to my previous letter (*Journal* June, 1970, **116**, 680) calls for a withdrawal of any suggestion that the authors of the paper *A Controlled Study of LSD Treatment in Alcoholism and Neurosis* (*Journal* April, 1970, **116**, 443–5) have been in any way negligent. They discharged their responsibility for their patients' safety by providing pleasant surroundings, the attendance of a nurse and by frequent visits 'to discuss his (the patient's) reactions to the drug'. This admission does not, however, affect the basic criticism which is not personally directed against any psychiatrists or research workers, but against the underlying premise.

Science is objective and must, in the case of subjective, psychic states, convert these into objective data in order to arrive at objectively valid results. The friendly, enthusiastic approach during the LSD experiment does not affect the basic principle of objectivity.

From my own LSD experience and from having shared LSD experiences with many patients, I am convinced that the quality of such an adventure cannot be expressed in any objective quantifiable way. Many people have expressed to me and to my colleagues at the Marlborough Day Hospital their appreciation of their unique LSD experiences and have thus themselves objectified the therapeutic result in a non-scientific way.

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