

Correspondence

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

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HISTORY OF BRITISH PSYCHOANALYSIS

DEAR SIR,

I too have been puzzled by the absence of response to Dr. Schmideberg's article (*Journal*, 1971, 118, 61-9). Her paper is not the sort of contribution that one can read and quietly ignore. It is either an unjustified attack on some of the most respected figures in British psychoanalysis, or it is the first exposure of machinations that owe more to the teachings of Machiavelli than those of Sigmund Freud. Such an article demands reply, and the comments of Dr. Glover and Karl Menninger (*Journal*, 1973, 122, 115) only increase our curiosity about what really went on.

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DEAR SIR,

Dr. Melitta Schmideberg expresses surprise that her article 'A Contribution to the History of the Psycho-Analytical Movement in Britain' brought forth no comment from readers. But should she really be so surprised? Her article would be of undoubted interest to those historians who are deeply concerned about the intricacies of the British Psychoanalytic Society; it may serve as a corrective to those who idealise the Society and its prominent members to know that at least one former member does not share their view; and it makes fascinating reading for those who (like me) simply enjoy hearing uninhibited comments on these matters, whatever we think of the rights and wrongs of the situation. But is it an important contribution to our understanding of psychotherapy? It is significant—but not very significant—if a certain psychotherapist says 'I don't, on reflection, think much of psychotherapy', just as it is significant—but not all that significant—if he were to say 'I think psychotherapy is a very good thing'.

There is surely no more vexed question in the field of psychiatry than 'Does psychotherapy work?' The statistical criteria that have so far been offered for such an assessment are insufficiently appropriate to satisfy the majority of psychotherapists, and the case against these criteria has been well argued by the phenomenologists. It may be that psychotherapy will, in the end, be judged on the quality of the experience of the general public at the hands of practitioners; and, to a lesser extent, on the cogency and integrity with which psychotherapists report their work.

There is one point in Dr. Schmideberg's article which does, I think, merit comment: her observation that psychotherapists tend to report their successes rather than their failures. I think this is true and something to be deplored. The reasons are many, and unhappily include a fear of exposing one's personal weaknesses in public. But there is also a legitimate reason. Our successes are usually of more importance than our failures. As Simone Weil put it: nobody is very interested if we add 2 and 2 and make 5.

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THE 'GASLIGHT PHENOMENON'

DEAR SIR,

C. G. Smith and K. Sinanan (*Journal*, June 1972, 120, 685) should be commended for bringing the 'Gaslight Phenomenon' to the attention of the profession; 'subtle and disguised attempts to get rid of a spouse or relative by labelling him or her 'mentally ill or demented' may well occur more frequently and go unrecognized unless this possibility is kept in mind. However, the sub-title, 'A Modification of the Ganser Syndrome' is puzzling, as the paper does not seem to contain the slightest hint of any relationship or analogy between the 'Gaslight Phenomenon' and the Ganser Syndrome. Whether one regards the latter as a form of malingering, hysteria, or psychosis,