abnormalities which suggest dysmorphogenesis may justify obtaining the advice of a clinical geneticist. In 50% of people with mental retardation the cause is uncertain and dysmorphic features could become increasingly relevant as clinical genetics develops and advances.

It is fashionable now for mentally retarded people to have "individual programme plans", IPPs. A complementary medical "individual physical (or somatic) profile" could be proposed as an essential part of the holistic appraisal of these people.

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The moral case against psychotherapy

DEAR SIRS

Dr Charlton's paper (*Psychiatric Bulletin*, 1991, **15**, 490–492) was an interesting account of his opinions regarding psychotherapy. However, it was a confused and confusing article. Confused because he has a fundamentally incorrect understanding of the basic principles of psychotherapeutic treatments. Confusing because in applying his arguments, he fails to make the distinction between the various forms of psychotherapy. Presumably his criticisms were levelled at dynamic psychotherapy and it is to this area that the following comments are addressed.

Perhaps a better definition than the one given would be: psychotherapy is what happens when a doctor listens to a patient. It is not meant to be "edifying conversation". Although dependent on the interaction of two people, the passage of intimate, personal details is from patient to doctor. As such, the psychotherapeutic relationship is unique, allowing for the amplification of transference phenomenon which occur. The process of effecting change in the individual (one of the main aims of dynamic psychotherapy) can be painful, disquieting and anxiety-provoking for the patient, and he needs to work hard both within and between sessions to do it successfully. This experience can be far from edifying.

Dr Charlton sees it as a surrender of autonomy. This is a false conclusion. A further aim of dynamic psychotherapy is the enhancement of autonomy. The patient is not given the answers to his problems, it is a means whereby he can clarify the causation and current status of his difficulties in order to find a solution for himself. It is the person himself who chooses to medicalise his problems. Such is his right if his autonomy is to be respected.

Psychotherapists do not claim to be experts at talking to people about their lives. Neither are they trained to practise their jobs professionally and efficiently. Their reasons for choosing this particular job is beyond the scope of this discussion.

No-one is claiming that psychotherapy is the universal panacea for all emotional problems – to do so would be as foolish as claiming it to be morally depraved. However with careful selection of patients, it has been shown to be an effective treatment (Luborsky *et al*, 1975; Smith & Glass, 1977).

Finally, psychotherapy is a difficult and demanding occupation. Perhaps a more appropriate warning to its adherents would be that contained in the words of Nietzsche: "He who fights with monsters should look to it that he himself does not become a monster. And when you gaze long into an abyss the abyss also gazes into you" (Nietzsche, 1972).

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DEAR SIRS

I am accused both of creating confusion and myself being confused. This might be a more compelling argument if the field of psychotherapy possessed anything approaching clarity or precision: it does not. There are no "basic principles of psychotherapeutic treatments", but almost as many principles as there are therapists (presumably because these "principles" are based upon pure theory with no means of discriminating between them except by what takes your personal fancy). It therefore becomes a pointless exercise to "make the distinction between the various forms of psychotherapy".

For proof we need look no further than the meta-analyses of Smith & Glass (1977) and Luborsky *et al* (1975) which Evans *et al* cite with approval. I personally consider such meta-analytical techniques to be highly dubious – or at least very prone to mislead – but nevertheless let us consider their conclusions. First of all, they report that psychotherapy is better than no treatment: in other words they have rediscovered the *placebo* effect. But secondly they report "negligible differences in the effects produced by ten different therapy types" (Smith & Glass) and "insignificant differences between therapy types in proportions of patients who improved" (Luborsky *et al*). Also, Smith & Glass showed no differences in outcome according to the length of "training" of the