personal integrity and self-responsibility. However, he elides from the lay psychotherapist, to the doctor therapist, and to the psychiatrist. The moral responsibility involved is not equal in these three cases.

Fools and their money are soon parted, so the "client" who pays for lay psychotherapy gets his money's worth. When, however, a patient submits to psychotherapy by a doctor he is entitled to believe that this treatment arises from a scientific methodology at least as sound as the other "miracles of modern medicine". To fail to point out that psychodynamics have no basis in science is to slip into quackery. The moral position of psychiatrists practising this regime is even more deplorable. They, above all, have a duty to evaluate the "treatments" of mental disease and disorder and they should be aware of alternatives available as well as the limitations of applied science in their specialty.

What of the morality of a Royal College which acknowledges that psychodynamic psychotherapy is not a mandatory subject for study, but includes substantial questioning on it in its professional examinations?

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DEAR SIRS

In his amusing polemic (*Psychiatric Bulletin*, August 1991, **15**, 490–492) Bruce Charlton purports to put the moral case against psychotherapy. What he has done is to come out shooting in all directions from the hip: at caring professions, at phoney experts, at health faddists, and others. He seems to view his main target, psychotherapy, as some sort of emotional First Aid and enlists as his ammunition a lot of half-digested ideas about empathy, caring for the whole person, and the nature of friendship.

Sharing with Charlton's background in the biological sciences (I was a preclinical lecturer in neurophysiology for 10 years before training in psychiatry), I share also some of what I assume are his doubts concerning the claims of psychotherapy. In particular, I am concerned about the lack of empirical validation for what can be, as Charlton notes, as interminable process (he explicitly excludes time limited forms such as behaviour therapy and cognitive therapy). However, the central issue for the empirical investigator is not that psychotherapy has failed the crude tests of the past, but rather how to devise a sufficiently subtle methodology to give a valid assessment of its current therapeutic claims. It is reasonable to suppose that use of a "therapy" which failed adequate tests would be morally wrong, and any continuing practitioners would be charlatans: but such a clear cut state of affairs regarding psychotherapy is unlikely in the near future.

From the biological point of view, verbal utterances provide a potent input to the central nervous system and elaborate structural and functional arrangements exist for their reception and cognitive processing (for a biological perspective see Evans, 1982). If we accept this as empirically validated (as well as commonsense) information, then the logical next step is to determine how talk can be put to therapeutic use.

Surprisingly, Charlton does not seem much concerned with empirical issues and prefers instead to dwell on an equation between friendship and what he calls "good psychotherapy". This is a confusion and simply cannot be sustained. Even if they wish to be involved, friends and relatives may be too close – too biased in Charlton's words – to be of any value in the painful process of psychological investigation as opposed to the much more friendly process of psychological support. This is not an attempt to degrade friendship, but to indicate its fundamental values and natural boundaries.

To put it bluntly, talk is strong medicine. As friends and relatives, we should all be able to provide support and nourishment, and even a little First Aid for emotional injuries sustained in the rough and tumble of everyday life. More radical surgery requires the surgeon's skills and not the well-intentioned – and self interested – probings of a friend. Of course, in psychotherapy as in surgery, the moral issues can be seen more clearly when illuminated by good empirical data.

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Reference

EVANS, E. F. (1982) Functional anatomy of the auditory system (chapter 14), and Functions of the Auditory system (chapter 15), In *The Senses* (eds., H. B. Barlow and J. D. Mollon) pp. 251–306 and 307–332. Cambridge: Cambridge University Press.

DEAR SIRS

I hope you will consider the publication of an article I have in mind to be entitled, I think, 'The Moral Case against Anatomy'.

I believe that I have all the requirements necessary to write on such a subject, namely:

1. I haven't learnt anything about it for years.
2. It is about as far removed as possible from the way in which I make my living.
3. I have never experienced it personally.
4. I have almost no idea how it is done.
5. I am rather unfamiliar with its aims and objects.
6. I can work up a fine old froth of indignation every time I think about it.

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You will agree, I am sure, that I am uniquely qualified to write the article.

Sarah Acland

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Dear Sirs

How delightful to find the *Bulletin* celebrating the Silly Season with appropriate light humour in the form of Dr Charlton article wittily titled 'The Moral Case against Psychotherapy' (*Psychiatric Bulletin*, August 1991, **15**, 490–492). Dr Charlton fills the traditional role of court jester saying what dare not be said by ordinary courtiers, in a traditional and stylised mode of reversal (for, of course, it is patients who talk and psychotherapists who listen, not vice versa), scarcely expecting to be taken seriously and yet reflecting a deep, hermeneutic understanding of the medieval culture in which he operates – only last week was I told, in all seriousness, by a senior colleague that "psychotherapy is to psychiatry as astrology is to astronomy". Like all good teases his provocative piece contains a germ of truth underneath the cheery surface of gratuitous insult, character assassination and self-mockery: a medical training in the provision of unsolicited advice to the deferent and politely silent punter (who actually came to have her ears syringed or for a repeat prescription of the Pill) is a definite disadvantage to the trainee psychotherapist – just another bad habit to unlearn. Psychotherapists might indeed not only reflect on but take heart from the quotation with which Dr Charlton rounds off his piece of whimsy – 'inner authority' and the liberation involved in discovering, owning and delighting in it is what psychotherapy could be said to be all about.

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Dear Sirs

In the section Personal View (*Psychiatric Bulletin*, August 1991, **15**, 490–492), there is published a critique on psychotherapy by an anatomist. Charlton regards psychotherapy as "a phoney activity", and psychoanalysis as "a leading phoney profession". He also regards his own work as a teacher as "a different kind of phoney"; in that sense his view seems to be the same, whatever the background profession.

However, the point of writing is not to take issue with Charlton's logic, but to wonder why the editors of the Royal College of Psychiatrists' *Bulletin* should invite an anatomist for an opinion on psychotherapy and psychoanalysis.

We have within our College, Fellows with a thorough background knowledge of psychiatry and psychoanalysis. If one wished for an update, quality critique on analytic psychotherapy and psychoanalysis, an expert professional opinion could have been obtained.

To ask an anatomist, who deals with bodies rather than live people for an opinion on psychotherapy seems bizarre. It would be equivalent to the Royal College of Surgeons asking a psychiatrist for his opinion on a highly technical surgical procedure.

The depressing conclusion seems to be that acceptance for publication of this article is indicative of the attitude held towards psychotherapy by the editorial board of our *Psychiatric Bulletin*.

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Editorial note

Dr Charlton's article was not solicited; see also the following letter from Dr Charlton in relation to his professional background.

Dear Sirs

I am pleased that my article has elicited a response from the readers of *Psychiatric Bulletin*. I must point out, however, that the "5:1 against" ratio of these letters is not typical either of university or of general medical circles, the consensus is certainly in my favour. Psychiatrists, may be happy with professional psychotherapy, but they have not succeeded in convincing the rest of us.

But, to specifics . . . Unfortunately, Dr Nicholson's account of the "gist" of my article does not conform with what I actually said. Never mind, there is still much to disagree with in his letter. For example his idealistic descriptions of what psychotherapy is *supposed* to do; the whole crux of the matter is whether psychotherapy really does do any of this? And what of this "skill" which therapists practise? What kind of skill is it that is unmeasurable and unproveable? Even if there is such a skill, then who says that psychotherapists have got it? Answer: the psychotherapists themselves – an essentially self-selected group. I am asked if I would deprive NHS patients of short psychodynamic therapies? Why not? They are an unvalidated waste of precious resources and as such, whether immoral or not, should certainly not be given the imprimateur of professional and state approval.

This leads onto Dr Davison's remark that psychotherapy is still available on the NHS "so technically you do not have to pay for it". But this means that instead of the client paying for it, *everybody* has to pay for it. As Dr McDonald emphasises in his

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