Three weeks after the course of treatment it had fallen very significantly to 18·3 (Mean diff. 14·2: S.E. of diff. 2·24: t 6·34: P<0·0005). Six weeks after treatment it had risen slightly to 20·5, but this value is still very significantly lower than the pre-treatment mean score (Mean diff. 12·0: S.E. of diff. 2·55: t 4·71: P<0·0005).

No previous reference has been found to the use of a behavioural treatment method in the management of 'free-floating', non-situational, non-phobic anxiety. Marks (8) has pointed out that desensitizing procedures in patients with severe agoraphobia are significantly more successful if free-floating anxiety can be relieved beforehand. We were impressed by the observation that the phobophobic element, which was so frequently seen in our patients, was substantially reduced after treatment, leading to interruption of a pathogenic somato-psychic sequence which had helped to maintain the anxiety neurosis.

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GRID TEST OF THOUGHT DISORDER

Dear Sir,

Permit me to comment on the paper by Williams, 'The Effect of Varying the Elements in the Bannister-Fransella Grid Test of Thought Disorder' (August *Journal*, 1971, **119**, 207–12).

Williams, in varying the elements of grids, is actually varying the constructs, since even though the same verbal label is retained a construct exists only in a *context*. Thus there is no reason to expect '(looks) kind', applied to photographs, and '(behaves in a) kind (way)' applied to known people, to have the same strength of implication in relation to other constructs. His experiment extends part of my 1962 experiment and his conclusions seem broadly the same, though I think mine the more succinctly put—'within one person's construing system different subsystems may have varying structural qualities'. He claims that 'it is not immediately clear whether personal construct theory would predict this effect'. Perhaps it might become slowly clear to him if he pondered the range and fragmentation corollaries and the concept of subsystem, in the theory, which directly imply such effects. He cavils at the use of photographs as elements in grid work on thought disorder while not denying that *either* photographs *or* people elements (Bannister 1960) broadly identify thought disorder.

However, my main concern is with the *ad hoc*, tautologous and impoverished nature of concepts such as 'cue insensitivity' and their relationship to the logical requirements of research into schizophrenia (Bannister, 1968). The point of developing research into thought disorder in terms of personal construct theory is that it is an extensive and integrated framework and language for dealing overall with human psychological processes. From it have been derived arguments as to the origins of thought disorder (Bannister, 1965), the precise source of its various clinical manifestations, its relationship to other forms of disturbed construing such as paranoid thinking (Bannister, Fransella and Agnew, 1971) and its relationship to the total life of the person. 'Cue insensitivity' is *not* a theory, it is a notion, half-linked to a disparate bundle of other notions. It is acceptable to common sense, amenable to some *ad hoc* operational definitions, productive of a handful of experiments and destined for relegation to the mounting scrapheap of like bits of intellectual ironmongery ('distractability', 'slowness of processing', 'arousal', 'regression', 'perseveration', 'concreteness', 'difficulty in establishing set', 'proprioceptive diathesis', 'rigidity', 'overinclusion' and all the as yet unnamed mini-theorems which will be called up for duty for the duration of the journal paper).

In a less bellicose manner let me put it this way. Any experimental outcome can be 'explained' by tailor-making a concept which is so close to the concrete operations of the research that it fits impressively well. But sufficient unto the experiment is *not* the concept thereof. Science is a continuing and elaborating business, and what is wrong with Williams' ingenious use of 'cue insensitivity' is not that it does not serve his immediate purposes but that it will be hard put to serve his purposes five years hence if he is then still seeking an integrated and developing way of understanding thought disorder.

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POLITICAL DISSENTERS IN MENTAL HOSPITALS

DEAR SIR,

I was extremely interested to come across Dr. Richter's letter in your *Journal* (August, 1971), in which he drew attention to certain psychiatric malpractices in Soviet Russia.

I write of course as a layman, but it is perhaps relevant that I am fortunate enough to enjoy the friendship of more than one Soviet citizen who has only recently had some experience of the latest methods of 'treatment' in the Soviet Union. I can therefore personally vouch for the authenticity of at least some of the large volume of evidence which points to the prostitution of certain Soviet psychiatrists 'in the interests of expediency' (to quote Dr. Richter's phrase).

Now the overwhelming impression one receives in this country from the people who might be expected to care most—writers, lawyers and psychiatrists—when their attention is drawn to this problem, is one of mingled indifference and suspicion. One possible explanation of this hostile reaction, if I may be allowed to suggest it, is the fear that, in openly criticizing their Soviet colleagues, British psychiatrists might be offending medical protocol, or might be simply 'playing at politics'.

I think it was the Canadian psychiatrist Dr. Hirt who pointed out the dangers of such an attitude, comparing it with the negative role played by doctors generally before and during the Hitler regime.

And is this, in any case, purely a Soviet problem? One fears not. In many other countries there is growing evidence of an unhealthy collusion between State and medicine.

But to refuse to face facts emerging in one country, where the abuse of medicine happens to be the most flagrant, is surely to invite similar abuses nearer home. May one dare to hope that at your coming Congress in Mexico this subject will at last receive the open discussion that has so long been lacking.

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THE BURDEN RESEARCH MEDAL AND PRIZE

DEAR SIR,

I am again writing to draw your readers' attention to the above. Entry for the Burden Research Medal and Prize is open to all registered medical practitioners who are working in the field of mental subnormality in the United Kingdom or Republic of Ireland.

The award for 1971, total value £250, may be presented at Stoke Park Hospital on or about 1 April, 1972, for outstanding research work which has been published, accepted for publication, or presented as a paper to a learned society during 1971.

Five copies of the paper or papers, with application form, should be submitted to the Secretary of the Burden Trust by 10 January, 1972.

Further information and application forms are available from the Secretary, Burden Trust, 16 Orchard Street, Bristol 1.

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