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Correspondence

Psychotherapy and Placebo

SIR: Dr Mowbray (*Journal*, March 1986, **148**, 337–338), suggests that "since the effects of placebo are psychological and the treatment in question (psychotherapy) is also "psychological" then we are simply comparing like with like—psychological with psychological". I think Dr Mowbray fails completely to understand the point I was trying to make in stating that placebo treatment was as successful as psychoanalysis or psychotherapy in general (but less so than behaviour therapy) in the treatment of neurotic patients.

The claims which have been, and are still being made for the various types of psychoanalytic and psychotherapeutic treatment are based on the theory that the treatments are in some way "specific" i.e., are derived from a more general theory of neurosis, and therefore are superior to other treatments not so derived, or derived from some alternative or inferior theory. This view was most clearly expressed by Freud, with respect to psychoanalysis, but it is equally held by the many other authors who favour alternative therapies.

The demonstration that placebo treatment which is by definition not only not derived from any specific theory, but expressly is defined in such a way as to exclude such specific influences as inform the therapy with which it is being compared, is equally successful in curing or ameliorating the disorders of neurotic patients clearly disproves any such claims for "specificity". Furthermore, if placebo treatment is as effective as psychoanalysis and psychotherapy in general, then why bother to spend years training psychoanalysts and psychotherapists, when this training clearly adds nothing to their efficacy? Indeed, Smith, Glass and Miller (1980), in a book often cited as proving the value of psychotherapy, found that duration of training of the therapist correlated zero with the efficacy of the treatment!

The only treatment which emerged as clearly superior in the varied comparative studies that have been done is behaviour therapy, suggesting that it alone has a specific effect which is related to the theory on which it is based (Eysenck, 1959). It is no doubt for this reason that behaviour therapy is being used more and more widely in the treatment of neurotic disorders.

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Anniversary Reactions

SIR: Renvoize & Jain's Brief Report (*Journal*, March 1986, **148**, 322–4) perpetuates a confusion which I (1981) tried to correct. An anniversary reaction should strictly speaking be the onset, or intensification, of symptoms at or about the anniversary of a significant past event, which was probably (though not necessarily) stressful. Such a reaction can occur each time the anniversary comes round, though it is likely to be most intense on the first anniversary. It has much in common with a delayed grief reaction and may well represent the expression of emotion which had been held back at the time of the original event.

Most of the examples presented by Renvoize & Jain are what, more correctly, should be described as age-correspondence-precipitated reactions. These occur when the subject, or a close relative of the subject, reaches an age which corresponds with a time when a specific tragedy occurred to another person. This most likely represents a degree of identification with this other person, and is either a fear that the same tragedy will befall the subject, or an enactment, by the subject, in fantasy or reality, of the original tragedy. The distinguishing feature of the age-correspondence-precipitated reaction is that it can occur only once, namely when the two ages correspond.

Renvoize & Jain maintain, though with no supportive evidence, that anniversary reactions are "probably quite common". True anniversary reactions, such as occur to widows or widowers one year