

he thought it elongated on urination. This feeling lasted a whole day and night. He believed it was a unique physical illness, though he had not heard of koro himself.

It would seem that heightened self-observation of the genitals is an essential factor leading to koro. In the present case the patient had experienced genital trauma, and elsewhere patients acquire this habit of self-examination by learning of a supposed koro illness. Enhanced self-observation was thought by P. Schilder to be a necessary precondition of depersonalization. Since psychic factors can so distinctly produce a localized, specific depersonalization, it is meaningless to regard such states as a "preformed functional cerebral response" (Mayer-Gross), comparable to an epileptic fit or a delirium. A specific mechanism must be looked for at a discrete level. Conceivably the penile depersonalization may have a physical basis in excessive adrenergic vaso-constriction in the erectile tissue precipitated by a number of factors, including anxiety and cold, but I have not been able clearly to reproduce attacks with intramuscular injections of 0.2 c.c. of 1 in 1,000 adrenaline in koro patients. An Englishman taking large quantities of amphetamine has reported to me the experience of penile diminution.

The penis is unique in that, while it is a visceral organ subserving a powerful emotion, it is nevertheless exteriorized so as to become readily the object of discursive self-scrutiny and retrospection. Hypochondriacal concern for its integrity is not commonly reported in patients, but possibly many examples are missed.

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#### REFERENCE

MAYER-GROSS, W. (1935). *Brit. J. Med. Psychol.*, 15, 103-122.

#### JASPERS' NATURE OF PSYCHOTHERAPY

DEAR SIR,

The review of Karl Jaspers' *Nature of Psychotherapy* by Dr. H. V. Dicks (*Journal*, June 1965) is a little misleading, and in justice to the book invites comment on three major points:

First, Dr. Dicks wonders why this excerpt from the great "General Psychopathology" has been made and published separately. It would seem that he did not read the author's preface, nor Sir Aubrey Lewis's

foreword. The author did not have in mind "persons of a high degree of medico-psychological sophistication", but "anyone who takes an interest [in psychotherapy] and who is looking for information". He points out that "anyone who intends to undergo psychotherapy should know what he is doing and what he is to expect", and adds that the idea of making the matter accessible to a wider public led to a separate publication. Sir Aubrey, on his side, underlines the stimulus to be derived by psychiatrists of all schools from finding "the large issues of psychotherapy considered with such detached yet acute scrutiny". I introduced this book to my own students and was interested to see how much they welcomed it. They found it provided a context within which they could begin to think about psychotherapy. Some handbook like this appears badly needed by those approaching the field for the first time. I would be interested to learn of any similar text in the English language that goes to first principles.

In the second place, Dr. Dicks uses the depressing adjectives "dated" and "parochial" to express the fact that Jaspers' main ideas germinated at least 30 years ago within the framework of Continental psychiatry and without benefit of contact with developments in Britain and the New World. Would Dr. Dicks also label Freud's basic contribution in the same way? Since both men made such strenuous efforts to discover the universal in human nature rather than the particular and the contingent, such categorization of them seems more than a little ironical. Jaspers' stiff, philosophic style may indeed seem "dated", but perhaps not more than many polyglot treatises now current in the sociological and psychological field. But the main ideas are highly relevant to our present therapeutic activities, and since they deal with fundamental human matters can hardly be said to "date". Nor can Jaspers' constant endeavour to bring psychology into formal German psychiatry and submit both disciplines to the critique of conscious thought be easily dubbed "parochial". (Incidentally, Jaspers held the Chair of Philosophy in Heidelberg at the time the Nazis took over, not a Chair of Psychiatry, as Dr. Dicks remarks.)

Thirdly, it is stated that Jaspers does not tell us directly what psychotherapy is, yet surely pp. 1-5 do so quite categorically and elaborate the opening statement that "psychotherapy is the name given to all those methods of treatment that affect both psyche and body by measures which proceed via the psyche. The co-operation of the patient is always required." On p. 36 the author comments that although psychotherapy has its roots in medicine, it has in its contemporary reality gone far beyond

the field of medicine and wants to help "not only the neurotic but mankind itself in all its spiritual and personal needs . . . we cannot yet foresee what will come of it". Dr. Dicks, therefore, does not bring out the fact that Jaspers is reflecting on psychotherapy as a new and developing activity and is pointing out that because of the very nature of the human psyche the essential nature of psychotherapy must be its inconclusiveness. Grounded in medical therapeutics, where science can play a part in studying the biological events, psychotherapy moves over into the different field of symbolic communication, where therapist and patient mutually explore possible meanings; the various analyses of depth psychology are one of the modes of doing this, but the dynamics of change reside elsewhere in the freedom of the individual to make decisive choices and of the therapist to communicate himself. These are historic, dramatic events, not subject to manipulation or prediction. The therapist may be analysed by someone else or not; indeed Jaspers suggests that if one applies empirical techniques in practice, one should at least have experienced their effects oneself, but he insists that there cannot be any "must" about it, as the dynamic element in any psychotherapeutic relationship comes from two unpredictable sources, from the extra-conscious somatic mechanisms on the one hand and on the other from the existential power of transcending possible meanings into realities. This power is inherent in every human being and can only be invoked by another person's reality, not commanded by any technique.

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#### SLEEP PATTERNS IN REACTIVE AND ENDOGENOUS DEPRESSIONS

DEAR SIR,

In their recent paper (*Journal*, June 1965, pp. 497-501), Costello and Selby assert that there is no

significant difference between sleep patterns in endogenous and reactive depressions. Unfortunately for their argument they have nowhere indicated what criteria they used to differentiate endogenous from reactive depressions in the cases they studied. This is no mean consideration, for "early morning waking" is one of the cardinal symptoms used by clinicians in arriving at the diagnosis of endogenous depression! When a clinical psychiatrist examines a patient for the first time he is surely not aware of the diagnosis; how then does his "bias" operate to elicit "early morning waking" when, in fact, there is none?

Psychiatry is greatly in need of sharply-etched clinical studies, but more is required than the judicious application of non-parametric statistics in delineating the various clinical states. To discard well-known clinical observations in favour of statistical correlations is, in my opinion, a great error.

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#### A CORRECTION

DEAR SIR,

A note on page 1219 of the June 1965 number of the *American Journal of Psychiatry* refers to me as the "Maudsley Lecturer 1965". This is an error which I hasten to correct. With other invited members of the American Psychiatric Association, I gave one of the set of Maudsley Bequest lectures which followed the combined meeting with the Royal Medico-Psychological Association.

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