(*Psychiatric Bulletin*, August 1991, **15**, 490–492). The gist of his article is that psychotherapy is morally reprehensible because it subjects the patient or client (or whatever you want to call the individual in therapy) to a series of "edifying conversations", not because the therapist truly cares but simply because it is his job and he has a financial stake in the whole proceedings.

Firstly, psychotherapy is not about edifying conversations, it is about increasing autonomy (Holmes & Lindley, 1989), allowing people who have previously been inhibited by neurotic mechanisms to experience life to the full and to increase their freedom of action. Often topics discussed in psychotherapy sessions may be far from edifying and concern the darkest and most dangerous parts of the self, the essence of the enterprise being to allow the patient to come to terms with these elements in his character and to use them to enhance his life in his own way. A teacher, perhaps, may have edifying conversations with his pupils, presumably because he knows best. However, although the psychotherapist may guide, he is in turn guided by his patient, the process being reciprocal (Casement, 1989).

Secondly, although the author is surely right that no psychotherapist can care about their patients in the sense that they care about themselves, does this necessarily mean that all feelings of warmth or empathy are phoney? It is commonplace to feel partisan on behalf of one's patients and to become upset when things happen to infringe their rights or wellbeing. This happens in all branches of medicine. Is it desirable that the therapist should care as much about his patient in a personal sense as he does about himself? Psychotherapists listen, they reflect, they judge the timing and nature of interpretations. In short, they practise a skill which is as much a discipline as any other branch of medicine. It is not their role to offer friendship.

Psychiatrists are not compelled to take on therapy cases for financial reasons. Most people practising in the field do so because they have a special interest in this fascinating area and are not there simply because it means "more bucks", to quote Mel Brooks. In any case, why is paying psychotherapists morally worse than paying any other type of practitioner?

Finally, Dr Charlton makes the common error of equating psychotherapy with psychoanalysis. He does not seem to acknowledge the existence of briefer psychodynamic therapies which are eminently suitable for use in the National Health Service. Would he really want to deprive patients of these treatments on the ground that they are immoral?

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DEAR SIRS

Dr Charlton published an interesting and thought-provoking article (*Psychiatric Bulletin*, August 1991, **15**, 490–492). His depth of feeling for the subject matter was clearly visible. Unfortunately much of his discussion was based on misconceptions, which even a non-convert to psychotherapy could correct. For example: psychotherapists do very little talking and instructing but spend most of their time listening; counselling and psychotherapy, which he lumps together, are very different types of treatment; there is no evidence to show that in the great majority of cases psychotherapy is damaging (Andrews & Harvey, 1981); you can still get psychotherapy in the NHS so technically you do not have to pay for it (psychoanalysis is different).

Unfortunately his views on psychoanalysis are also misconceived. Because patients have to pay for analysis, they are obviously choosing this form of treatment, and presumably have a good idea of what is involved. Dependence (something that Mr Charlton has concerns about) is in fact one of the fundamental aims, so that regressions can occur and be worked through. Other forms of therapy do not produce a dependent relationship. The patient is autonomous, encouraged to remain so, and able to terminate therapy at any stage.

He raises the issue of medical paternalism, a concept that most of us will recognise. Doctors are constantly encouraging patients towards autonomy, but many of them do not seem to want this. This is why the family doctor is still such an important figure. Perhaps we should be addressing Dr Charlton's point from a different angle, and ask why society today needs to keep casting doctors in such a paternal role.

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DEAR SIRS

Dr Charlton (*Psychiatric Bulletin*, August 1991, **15**, 490–492) rightly identified the immorality of psychodynamic psychotherapy in its phoney professional neutrality, its busy-bodying interference in the domain of private data and its undermining of

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