

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?

CARRICK McDONALD

*Purley Day Hospital
Purley, Surrey CR8 2NE*

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.

TEIFION DAVIES

*St Thomas' Hospital
London SE1 7EH*

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.