

tion through violence, hostility, suspicion, intergroup tensions, and the 'generation gap' phenomenon, and could even conceivably help to contain the pugnacious aggression that besets the growth of civilization in our days. It may help us to understand the widespread but feeble yearning for a well-nigh unattainable 'togetherness' amidst growing disengagement, and the anguish of increasingly impersonal human relations in an epoch of depersonalization and estrangement.

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#### ATTEMPTED SUICIDE AS LANGUAGE

DEAR SIR,

I am glad that N. Kreitman (*Journal* October, 1970) now accepts my view (*Journal* July, 1970) that to attempt suicide is not to indulge in linguistic behaviour, and that by placing it in his category 2 of 'Non-verbal but culturally determined communication, such as a ceremonial bow or the raising of an eyebrow' he is also in agreement with my description of it (*Journal* July, 1970) as being in the category of 'the pre-syntactic learning of a one-to-one link at the conceptual level of a meaningful sign or gesture'.

Indeed, we are equally in agreement that there is a wider issue here (which may explain our interest in the matter) in that some psychiatrists view 'much of the behaviour of most patients as some kind of

communication', and that, without care, the concept of communication 'for all practical purposes will cease to mean anything'. (*Journal*, October, 1970.)

Unfortunately I regard 'Attempted Suicide as Language' at fault precisely on this issue, and even the amended form of 'Attempted Suicide as Non-verbal but culturally-determined Communication' is mistakenly ascribed 'characteristics of communication at the level of language.'

At the risk of repetition, may I restate my views, which are held to be in need of clarification: non-verbal communications, such as winks, ceremonial bows and self-poisonings, are not language.

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#### SHORTCOMINGS OF SCIENTIFIC PSYCHIATRY

DEAR SIR,

Dr. R. Denson's reply (*Journal* October, 1970, **117**, 457) to my previous letter (*Journal* June, 1970, **116**, 680) calls for a withdrawal of any suggestion that the authors of the paper *A Controlled Study of LSD Treatment in Alcoholism and Neurosis* (*Journal* April, 1970, **116**, 443-5) have been in any way negligent. They discharged their responsibility for their patients' safety by providing pleasant surroundings, the attendance of a nurse and by frequent visits 'to discuss his (the patient's) reactions to the drug'. This admission does not, however, affect the basic criticism which is not personally directed against any psychiatrists or research workers, but against the underlying premise.

Science is objective and must, in the case of subjective, psychic states, convert these into objective data in order to arrive at objectively valid results. The friendly, enthusiastic approach during the LSD experiment does not affect the basic principle of objectivity.

From my own LSD experience and from having shared LSD experiences with many patients, I am convinced that the quality of such an adventure cannot be expressed in any objective quantifiable way. Many people have expressed to me and to my colleagues at the Marlborough Day Hospital their appreciation of their unique LSD experiences and have thus themselves objectified the therapeutic result in a non-scientific way.

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