

Correspondence

Letters for publication in the Correspondence columns should be addressed to:

The Editor, British Journal of Psychiatry, 17 Belgrave Square, London, SW1X 8PG

THE PSYCHIATRIST IN SEARCH OF A SCIENCE

DEAR SIR,

In his admirable article (*Journal*, March 1975, p. 205), Dr. Slater quotes a few sentences of mine but appears to have misunderstood my meaning. The points at issue are perhaps of general interest.

Dr. Slater writes that science has nothing to say about subjective states. This is a highly contentious assertion and might be taken to imply that there can be no such thing as the scientific study of, say, perception. But whatever the logical status of the 'endopsyché', unfortunately the patient usually complains of pain in just that intangible location, and the language in which he describes it is that of *experience*. The psychiatrist's first task is to try to grasp what is being communicated, and in doing so he acts, entirely legitimately, as part priest and part philosopher, that is to say, as a sensitive human being. But if as a scientist he wishes to go beyond the role of listener, he must not only seek to make psychological sense of what he hears—a task which the humanist might do just as well—but must proceed to transmute the experiences into *phenomena*. They are then tractable as objects of scientific discourse.

Psychoanalytic theory proffers help at many levels. It provides both the psychiatrist and the patient with a perspective of man, a poetic vision of the evolving individual. Next, it offers a 'scientific' theory in which the phenomena, the empirical data of which it treats, are themselves feeling-states, so that the act of translation from experiences to phenomena is much more direct than is the case with most psychological theories. Moreover, psychoanalysis encompasses a range of vicissitudes, from childhood fantasies to fear of death, provided by no other single framework.

Of course a great deal has to be added to empirical observation in order to construct such a system. Yet it is not so very remarkable that intelligent men whose training has at least exposed them to scientific thinking should be prepared to subscribe to much that is unsupported by any direct evidence. I suggested in the passage quoted by Dr. Slater that the reasons lie in the 'effort after meaning' and are to be traced to

the pressures of the therapeutic situation rather than found in any scientific basis for the theory. But my concern was certainly not to defend the anti-science; it was to suggest why scientific studies of psychoanalytic hypotheses have so little impact on a clinical approach, which to adopt a phrase of Sir Aubrey Lewis's, has 'outlived its obitourists' and which will doubtless continue until a better-founded but equally general theory is available.

Finally, may I gently protest at the bewildering honour Dr. Slater does me by grouping me among various eminent Freudians. If simply commenting on such matters (and in a book review at that) is enough to gain entrance to their ranks, should we conclude from Dr. Slater's article that he too is now to be counted among the leading psychoanalysts of the day?

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DEAR SIR,

In his article in the March issue, Dr. Eliot Slater has carried out a thorough investigation into the status of the different schools providing psychotherapy and has come to the conclusion that their tenets exclude them from the realm of scientific medicine.

I offer the following solution of the dilemma. We have to admit that the mind is not a subject for science, though the brain is. The mind is a subject for an ethic which is based on the recognition of personal freedom and not on determinism. In the psychotherapy which follows from such a premise the patient is faced with his challenges, which include the sexual drive, stressed by Freud, the striving for power considered by Adler, and the 'archetypal' experiences elucidated by Jung. In addition, he is expected to confront his cerebral condition, investigated by neurologists (for instance the disabilities due to advancing cerebral arteriosclerosis). The patient must also come to terms with his genetic endowment and his social milieu. Thus the insight gained by the different schools of psychological

medicine based on scientific determinism is integrated within the framework of personal freedom and responsibility.

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DEAR SIR,

May I be allowed to make certain comments on Dr. Eliot Slater's fascinating and enlightening article on the 'Depth Psychologies' in your March issue?

On the one hand, the language of Science caters for communications dealing with the sets of empirically established and logically elaborated relations between observed objects (or their derivatives). On the other hand, there are different languages which cater for other important aspects of man's understanding which are more subjectively orientated and not so amenable to the above type of approach.

There are, between these differing types of approach to truth, varying degrees of mutually fruitful and corrective interconnections. In fact, their respective languages and subject matter can be seen as forming a spectrum, which spans the gulf between the most objective and the most subjective, i.e. between awareness through the 'measuring eye' of the Sciences and through the 'inner eye' of Art, Religion and Ethics. Conditioning therapy, which reflects one particular approach (and its corresponding language) would allocate itself more to the objective side of the spectrum and conversely with 'analysis'.

As Dr. Slater implies, one must not confuse the various approaches to truth nor treat their respective illuminations as interchangeably applicable (e.g. psycho-analysis and science) in all cases.

Which mode of approach to truth is most relevant in any given context must necessarily depend on the various factors involved.

I suggest that truth is ever-increasing understanding, combined with the pragmatically wisest use of the control that such understanding yields to man, i.e. it is not co-extensive with, though it incorporates, scientific knowledge. And, further, that, in certain conditions, psycho-analysis generates truth.

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DEAR SIR,

I would not wish to defend psychoanalysis as a scientific method. I would have thought that all depth psychologies are part of the art of psychiatry, which in its turn is an essential part of the art of medicine. In line with this, in fairness to Freud and

in view of some of the statements made in Slater's paper, I consider it relevant to quote from some of Freud's later writings. He wrote (1933): 'As a psychotherapeutic method, analysis does not stand in opposition to other methods employed in this branch of medicine; it does not invalidate them nor does it exclude them. There would be no theoretical objection to a physician who described himself as a psychotherapist using analysis upon his patients alongside of other therapeutic methods, according to the peculiar character of the case and the favourable or unfavourable nature of the circumstances. . . . The expectation that we shall be able to cure all neurotic symptoms is, I suspect, derived from the lay belief that neuroses are entirely superfluous things which have no right whatever to exist. As a matter of fact they are serious, constitutionally determined affections . . . we may hope that in the future our knowledge of the action of hormones will provide us with a means of coping successfully with the quantitative factors involved in these diseases; but today we are far from having reached that desirable goal.' In other words, Freud was surely looking forward to the time when clinical psychiatrists would practise in the manner that most of us do these days, namely, utilising whatever therapeutic techniques—psychological and physical—may benefit the patient.

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REFERENCE

FREUD, S. (1933) *New Introductory Lectures on Psychoanalysis*, pp. 196-8. London: The Hogarth Press.

PORNOGRAPHY, THE LAW AND MENTAL HEALTH

DEAR SIR,

Dr. Kenyon in his article in the March issue, remarks on the 'little reliable evidence that pornography even interests children, let alone has a baleful influence on them'. There is, however, a great deal of evidence waiting to be documented from parents, teachers, social workers, newsagents and children themselves, showing that innocent children, indeed, are uninterested in pornography and do not even see it, but that once their attention has been drawn to the genital avenue, uncharted in the body image of the normal child until towards the end of adolescence, anything belonging to the fascinating lower end of the body and its extension into the 'dirty' and formerly forbidden side of life can attract and be pursued, and can corrupt and destroy far more than the equivalent situation in the adult.