

Dear Sir,

In the past two years I have had two adult patients referred with a long history of trichotillomania (compulsive hair-pulling). One was a married, middle-age skilled worker who had been patchily bald since he was about 7 years old because he pulled out hundreds of hairs a week. Treatment by relaxation, monitoring of successful resistances to hair pulling, and post-hypnotic suggestion produced long standing marked improvement (18 months). The other patient was a single woman in her mid-twenties who was a university student. She had been pulling out single hairs, up to 200 per week, for 7 years, and wore a hair piece when she first visited. After unsuccessfully trying relaxation and post-hypnotic suggestion, aversive conditioning was used to a video-taped recording of her compulsive hair pulling. This was largely successful. Follow-up has been for over one year.

Most of the literature on these apparently rare adult cases is psycho-analytical. I am proposing to carry out a literature review and further research into behaviour therapy methods for treating this disorder which obviously has obsessive-compulsive components and would be interested to hear from anyone with relevant experience while I am in the U.K. until the end of June. I can be contacted via the Department of Psychology, Institute of Psychiatry, De Crespigny Park, Camberwell, London, SE5 8AF.

David J. de L. Horne - Dept. of Psychiatry
University of Melbourne

Dear Sir,

I must agree with the Editors of the Bulletin when they said how timely and appropriate it was to publish Barbara Hudson's paper on the Potential Role of Social Workers in behavioural psychotherapy. The main point of the paper seems both reasonable and important, if it is that social workers could use some "behavioural" skills in their work. I presume that Mrs. Hudson is pleading for clinical psychologists to help out in the training of social workers. Although I agree with the proposition the practical position is that at the moment, there are not enough clinical psychologists to train students in their own professions still less to train others in different fields. Clinical psychologists do need to instruct other professions but they can't do this to the exclusion of their life blood - research. If psychologists stopped at the techniques they currently have and practised just those without continuing the business of finding out why what works when it does, they might as well be palmists or astrologers. Least amongst our worries is the possibility that social workers will encroach upon our own professional domain: There are many different professions who could benefit from a course in clinical psychology, unfortunately however there are too few clinical psychologists to do the necessary teaching. We are, as a profession, in the sad position of having vast numbers of applicants for training each year (probably about 500 or possibly more) and we have to reject all but 150 of them. Recent estimates suggest that there are about 700 qualified clinical psychologists in the Health Service - a pitifully small number when adverts in the BPS Bulletin each month show how many vacancies are available. On top of all this the Trethowan report accepted as a desirable ratio of psychologist:population 1 to 30,000 which means that something over 1500 psychologists could be employed at the moment.

Yours sincerely,
Martin Raw
Institute of Psychiatry.