

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.

The child and adolescent does not buy porn: he 'knocks it off' or sneaks it from an adult's collection, or persuades an unsuspecting relative to buy 'educational' books on biology that contain the illustrations that are pornographic for children (e.g. *Your Body* in the Ladybird series), which stimulate interest and activity.

There is a worse effect. By eliminating the surprise element required to convert the girl to womanliness at the menarche sex education—which is pornography to juveniles—results in the production of mothers without the maternal instinct, still impelled to preserve their own life, own goals, peace and convenience to the detriment of their offspring. Although this is surely the supreme form of corruption, the Attorney General is unlikely to interpret as illegal the instrument that brings it about, for the adult interpretation of pornography is different from the child's.

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THE TERM 'PSYCHOSIS' IN THE 1974
W.H.O. GLOSSARY OF MENTAL DISORDERS
DEAR SIR,

As a clinician who has to code the diagnosis of patients, I looked with interest at the 1974 *Glossary of Mental Disorders*. Up to now I have been using the *General Register Office Glossary* published in 1968. As a teacher, I have had to try and put across the concepts of different kinds of mental disorder to medical students and others. I am rather disappointed that the new Glossary seems to give a less satisfactory description of the term 'psychosis' than the older one.

The new Glossary opens the section on Psychosis with the following: 'Psychosis includes those conditions in which impairment of mental functions has developed to a degree that interferes grossly with insight, ability to meet some of the ordinary demands of life, or adequate contact with reality. It is not an exact or well-defined term. Mental retardation is excluded (310-315).' This distinction thus refers to the severity of the disruption of mental functioning, with special emphasis on 'insight', and 'contact with reality'.

The 1968 Glossary makes the following statement about 'psychoses': 'They include the affective disorders, the schizophrenias and paranoid states, and the organic mental disorders of various origins. No precise definition of "psychosis" has been proposed in this glossary. No such definition is required for the so-called psychoses have this in common that they are largely due, or are supposed to be due, to an organic process'.

In teaching students it has seemed to me that the more useful difference between psychosis on the one hand and neurosis and personality disorders on the other is that the abnormal behaviour can only be understood on the assumption of some organic change in the organism. The purely psychological explanation of 'this patient reacting to this life situation' proves insufficient. In the affective and schizophrenic psychoses the organic derangement is merely an unproved assumption.

If, however, we define psychosis on the basis of presence or absence of insight we get into a very difficult area. The patient with a hysterical neurosis presents complaining that she has a paralysed right arm; has she got insight? At a later stage she accepts that it is not a true paralysis but 'due to nerves'; has she now got insight or not until she realizes the underlying psychological difficulty which she has been attempting to resolve with the symptoms?

In the course of a depressive psychosis a patient may have vague hypochondriacal ideas in the third week with no lack of insight or loss of contact with reality; by the sixth week he may have delusions and by the ninth week these may have reverted to vague worries and by the twelfth week he may be recovered. It seems cumbersome not to recognize the whole illness as psychosis rather than to reserve that label for the short period in the middle when he was deluded. Two years later the same patient may have a classical 'endogenous' type of depression in which he never experiences delusions. Is this now a neurosis or a non-psychosis?

It seems to me that in this respect the new Glossary makes things more difficult; the old glossary encouraged an approach to the *nature* of psychiatric disorder rather than to *severity* in assigning classification categories.

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READING LIST

DEAR SIR,

I think everyone will wish to congratulate the compilers of the Reading List published recently under the aegis of the Clinical Tutors' Sub-Committee. I should like to raise one question, however, whether papers on therapeutic communities should not properly be classified under 'psychotherapy' rather than 'hospitals'?

The essence of the therapeutic community process