

This unfortunate experiment began in Gorizia (Gorica) mental hospital close to the Yugoslav border (Basaglia, 1968 and Jervis, 1977). The Italian brand of antipsychiatry first maligned psychiatric hospitals as strongholds of social repression and later paradoxically contributed to the worst form of repression, to furor therapeuticus, as described in the paper by P. Bollini *et al.*

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References

- BASAGLIA, F. ed. (1968) *L'istituzione Negata*. Torino: Einaudi.
 JERVIS, G. (1977) *Manuale Critico di Psichiatria*. Milano: Feltrinelli.

MEMORY UNDER THREE DIFFERENT WAVEFORMS OF ECT

DEAR SIR,

I read with interest the paper by Eric Warren and David Groome which looked at the effect on memory of ECT under three different waveforms (*Journal*, 1984, **144**, 370–5). The electroconvulsive stimuli (ECS) used in this study comprised two of high energy and one of low energy. Their findings confirm earlier research that depression had an adverse effect on certain aspects of memory function. They also conclude that the nature of the ECS had no significant differential effect on memory function. The results, however, do not necessarily support this latter conclusion.

The authors state that the assessment of mood changes in the three groups of patients, reported elsewhere (Robin & De Tissera, 1984), revealed that the low energy group recovered less quickly than the two high groups and required significantly more ECT. In view of this finding the observations on memory function should only have been made having taken due regard for the differences in the levels of mood disturbance between the three groups. It may well transpire that after allowing for the main effect on memory dysfunction, namely depression, then the secondary effect, that is the nature of the ECS, will be shown to be of relevance.

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Reference

- ROBIN, A. & DE TISSERA, S. (1982) A double blind controlled comparison of the therapeutic effects of low and high energy electroconvulsive therapies. *British Journal of Psychiatry*, **141**, 357–66.

COGNITIVE THERAPY — TRAINING THE PATIENTS

DEAR SIR,

The founders of cognitive therapy are to be congratulated upon their strenuous efforts to establish the efficacy of their treatment.

There is, however, a problem illustrated by such papers as that by Teasdale, Fennell, Hibbert & Amies (*Journal*, April, 1984, **144**, 400–6). Is it not possible that the therapy directly coaches patients in the responses they should be giving on rating scales?

The therapy is apparently designed to “train patients to identify and correct negative depressive thinking”. If patients are trained to correct negative thinking, then this might affect their answers on rating scales where they are asked whether they are “weary of life” or “feel that they have let people down” to mention two items on rating scales used by the writers of the paper. Perhaps they do become trained not to express negative thoughts, but do not become any happier as a result.

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ROCK AND ROLL DELUSIONS

SIR,

Ruedrich *et al* (1983) reported three patients with delusions involving rock and roll performers. They questioned whether this was an emerging contemporary phenomenon affecting the content of delusions. We have encountered two patients presenting with delusions involving rock performers.

Case 1: An 18 year old, single, white female experienced delusions while at college that Mick Jagger of the Rolling Stones was following her and watching her constantly, causing her to shower fully clothed. She variously believed that his attentions were romantic and benevolent, or malicious and harmful. Premorbid personality was characterized by immature dependency upon her parents and social shyness, offset by unrelenting application to a competitive sport in which she achieved national prowess. There was intense sibling rivalry with a younger sister. During two hospitalizations a diagnosis of schizo-affective disorder with borderline personality was made. Her symptoms improved with anti-psychotic and lithium treatment, but an autistic preoccupation with the words of pop songs persisted.

Case 2: This 32 year old, divorced, white female with a long history of affective and behavioral problems developed delusions while hospitalized. Prior to admission she had impulsively married, then divorced,