

return it offers a reflection on the whole of the subject's personality (life-situation, history etc., which are assembled from a multitude of actions, motives and reasons as they are observed by us). Here we have the hermeneutic circle which is not really circular, as Will<sup>4</sup> would have it, but leads by each revolution to a deeper, richer and more accurate, but of course never complete, understanding.

Thus, unlike Will, who rejects both a Popperian and an hermeneutic interpretation of psychoanalytic method, his philosophical mentor Bhaskar would accept the limitations of the human sciences in their dependence on understanding to define their generative mechanisms.

K. P. EBMEIER

University of Aberdeen  
Department of Mental Health  
Aberdeen

#### REFERENCES

- <sup>1</sup>MATHERS, C. B. B. (1986) Psychoanalysis: Science or nonsense? *Bulletin of the Royal College of Psychiatrists*, **10**, 103–104.
- <sup>2</sup>JASPERS, K. (1963) *General Psychopathology*, Manchester University Press.
- <sup>3</sup>BHASKAR, R. (1979) *The Possibility of Naturalism*. Brighton: The Harvester Press.
- <sup>4</sup>WILL, D. (1983) Transcendental realism and the scientificity of psychoanalysis. *British Journal of Medical Psychology*, **56**, 371–378.

#### DEAR SIRs

Whilst sharing Dr Mathers<sup>1</sup> concern at the uncritical use of some of Karl Popper's writings to justify a particular position with regard to psychoanalysis, I feel less hopeful that a descriptive model of science which includes psychoanalysis will provide psychiatry with sufficient justification for research into its practical applications. There is an absurdity in a description of science which leads to the conclusion that the activities of the nuclear physicist and the psychoanalyst are similar in a way which is more important than their differences and that the similarity means psychoanalysis is inescapably scientific, sensible and fit for research. The analogy, it seems, changes only the status of the analyst and not the physicist.

Indeed, it is not clear that definition is the most valuable contribution the philosophy of science makes to psychiatry or if such definition is at all possible. Some philosophers, like Laudan<sup>2</sup>, feel that 'The quest for a specifically scientific form of knowledge, or for a demarcation criterion between science and nonsense has been an unqualified failure . . . it is time we abandoned that lingering scientific prejudice which holds that the 'sciences' and sound knowledge are co-extensive: they are not'.

Surely more challenging, but ultimately more rewarding than description and definition, is to attempt to apply logic, epistemology and metaphysics to our intellectual enquiry irrespective of its scientific status in order to determine 'what principles are assumed in the use of time honoured methods of acquiring knowledge'.<sup>3</sup> If psychoanalysis provides logical reasoning, a clear conceptual framework, and

a coherent theory of knowledge, why should the status of nonsense in itself lead us to regard it as nonsense?

RACHEL M. A. BROWN

The Maudsley Hospital  
London SE5

#### REFERENCES

- <sup>1</sup>MATHERS, Carola B. (1986) Psychoanalysis: science or nonsense? *Bulletin of the Royal College of Psychiatrists*, **10**, 103–104.
- <sup>2</sup>LAUDAN, L. (1981) A problem solving approach to scientific progress. In *Scientific Revolutions* (ed. I. Hacking). Oxford University Press.
- <sup>3</sup>HARRE, R. (1985) *The Philosophies of Science—An Introductory Survey*. Oxford University Press.

### *The Yorkshire Regional Psychiatric Association—an appeal for memories*

#### DEAR SIRs

The Leeds Regional Psychiatric Association was founded on 24 January 1949. Open to psychiatrists, psychologists, social workers, chaplains, nurses and others working in the field of mental health, it claims the distinction of being the first inter-disciplinary society of professional workers in mental health to be established in the United Kingdom.

In May 1982, to maintain consistency with NHS administrative reorganisation, the Association changed its title to the Yorkshire Regional Psychiatric Association.

The 40th Anniversary of the Association will fall in 1989 and its Executive Committee has discussed marking this achievement with a publication. The Association is therefore seeking to complete its records as far as possible.

If any psychiatrists who have had past membership of the Association can supply information and memories from old programmes, diaries and recollections, their help will be gratefully appreciated by the Association.

D. A. SPENCER

Meanwood Park Hospital  
Tongue Lane, Leeds

Honorary Secretary  
YRPA

### *Is psychiatry stigmatising?*

#### DEAR SIRs

Turner has recently reviewed some of the attempts to reduce the stigma attached to the receipt of psychiatric services, and concludes that in order to reduce stigma it is necessary to improve the status of psychiatry.<sup>1</sup> I can understand that this conclusion might appeal to psychiatrists, if only on the basis of self interest, but there are grounds for scepticism. There has been extensive research in the US into the grounds for the rejection of mentally ill people. It is never possible to generalise with confidence between different countries, but the evidence that there is suggests that the problem of stigma, and the rejection of people who are mentally ill, is more complex than Turner's analysis suggests.

Turner asks why mental illness should be rejected more than other complaints, like multiple sclerosis or diabetes. It