

You will agree, I am sure, that I am uniquely qualified to write the article.

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DEAR SIRs

How delightful to find the *Bulletin* celebrating the Silly Season with appropriate light humour in the form of Dr Charlton article wittily titled 'The Moral Case against Psychotherapy' (*Psychiatric Bulletin*, August 1991, 15, 490–492). Dr Charlton fills the traditional role of court jester saying what dare not be said by ordinary courtiers, in a traditional and stylised mode of reversal (for, of course, it is patients who talk and psychotherapists who listen, not vice versa), scarcely expecting to be taken seriously and yet reflecting a deep, hermeneutic understanding of the medieval culture in which he operates – only last week was I told, in all seriousness, by a senior colleague that "psychotherapy is to psychiatry as astrology is to astronomy". Like all good teases his provocative piece contains a germ of truth underneath the cheery surface of gratuitous insult, character assassination and self-mockery: a medical training in the provision of unsolicited advice to the deferent and politely silent punter (who actually came to have her ears syringed or for a repeat prescription of the Pill) is a definite disadvantage to the trainee psychotherapist – just another bad habit to unlearn. Psychotherapists might indeed not only reflect on but take heart from the quotation with which Dr Charlton rounds off his piece of whimsy – 'inner authority' and the liberation involved in discovering, owning and delighting in it is what psychotherapy could be said to be all about.

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DEAR SIRs

In the section Personal View (*Psychiatric Bulletin*, August 1991, 15, 490–492), there is published a critique on psychotherapy by an anatomist. Charlton regards psychotherapy as "a phoney activity", and psychoanalysis as "a leading phoney profession". He also regards his own work as a teacher as "a different kind of phoney"; in that sense his view seems to be the same, whatever the background profession.

However, the point of writing is not to take issue with Charlton's logic, but to wonder why the editors of the Royal College of Psychiatrists' *Bulletin* should invite an anatomist for an opinion on psychotherapy and psychoanalysis.

We have within our College, Fellows with a thorough background knowledge of psychiatry and psychoanalysis. If one wished for an update, quality critique on analytic psychotherapy and psychoanalysis, an expert professional opinion could have been obtained.

To ask an anatomist, who deals with bodies rather than live people for an opinion on psychotherapy seems bizarre. It would be equivalent to the Royal College of Surgeons asking a psychiatrist for his opinion on a highly technical surgical procedure.

The depressing conclusion seems to be that acceptance for publication of this article is indicative of the attitude held towards psychotherapy by the editorial board of our *Psychiatric Bulletin*.

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Editorial note

*Dr Charlton's article was not solicited; see also the following letter from Dr Charlton in relation to his professional background.*

DEAR SIRs

I am pleased that my article has elicited a response from the readers of *Psychiatric Bulletin*. I must point out, however, that the "5:1 against" ratio of these letters is not typical either of university or of general medical circles, the consensus is certainly in my favour. Psychiatrists, may be happy with professional psychotherapy, but they have not succeeded in convincing the rest of us.

But, to specifics . . . Unfortunately, Dr Nicholson's account of the "gist" of my article does not conform with what I actually said. Never mind, there is still much to disagree with in his letter. For example his idealistic descriptions of what psychotherapy is supposed to do; the whole crux of the matter is whether psychotherapy really does do any of this? And what of this "skill" which therapists practise? What kind of skill is it that is unmeasurable and unprovable? Even if there is such a skill, then who says that psychotherapists have got it? Answer: the psychotherapists themselves – an essentially self-selected group. I am asked if I would deprive NHS patients of short psychodynamic therapies? Why not? They are an unvalidated waste of precious resources and as such, whether immoral or not, should certainly not be given the imprimatur of professional and state approval.

This leads onto Dr Davison's remark that psychotherapy is still available on the NHS "so technically you do not have to pay for it". But this means that instead of the client paying for it, *everybody* has to pay for it. As Dr McDonald emphasises in his