

concerned to find out why the GPs felt that two written communications had made so little difference to their practice.

When auditing process, unless all parties who have a direct influence on the outcome of that process are included in the audit mechanism (GPs in this case), changing performance (improving referral information) may prove elusive.

Naik & Lee's article reinforces the need to develop both face to face multiprofessional communication and audit which crosses the perceived 'wall' between primary and secondary care. Using such an approach, there is more chance of improved clinical practice.

BURNS, T., SILVER, T., FREELING, P., & CRISP, A. (1994) General practice training for psychiatrists. *Psychiatric Bulletin*, 18, 286-288.

SIMON BALMER, *Wakefield Healthcare, White Rose House, West Parade, Wakefield WF1 1LT*

Sir: We agree with Simon Balmer. We forgot to say that a general practitioner helped to design the audit. This lapse may be an example of the partly unconscious barriers that Simon Balmer describes. We do meet and talk fairly often with our GPs. We avoided mentioning the items we were measuring in the interests of science. More recently we have often suggested letters might be sent to the base, and might include more information, but most still arrive after some delay, at the hospital, and some are still highly condensed. Old habits may die hard, especially in the face of modern pressures. However, Simon Balmer's reminder to include all parties that affect outcomes in the audit process is very well taken.

ALAN LEE, *University Hospital, Nottingham NE7 2UH*; and PRAKASH NAIK, *Lyndon Resource Centre, Hobs Meadow, Solihull, West Midlands B92 8PW*

Buddhist meditation

Sir: Dr Dwivedi gives an interesting account of the relationship between Buddhist meditation and contemporary psychotherapy (*Psychiatric Bulletin*, 1994, 18, 503-504). However I think he gives an overly negative impression of Buddhism. He describes the five precepts in their negative form for example refraining from stealing and lying. In their positive form these

are practising generosity and truthfulness. The cultivation of these positive counterparts are probably a more important focus for those who wish to practise Buddhist ethics.

As well as meditation on breathing the Buddha taught the 'metta bhavana' or development of loving kindness (*Metta Sutta*, 1985). The cultivation of metta provides an emotionally positive balance to the meditation on breathing. Dr Dwivedi refers to the famous analogy with the ocean: Just as the ocean has one taste the taste of salt so the Buddhist teaching has not the taste of renunciation, but rather the taste of vimutti, which is release, or freedom (*Udana*, verse 56, 1985). Renunciation is an aspect of the Buddhist path, but the purpose is to find freedom, especially freedom from suffering.

The importance of understanding the positive nature of Buddhism is threefold. First many Westerners may have a materialistic, nihilistic conditioning which will tend to lead to a misinterpretation of Buddhism as a nihilistic (and therefore unattractive) religion. Secondly, the meditation on breathing practised on its own without also cultivating positive emotions can lead to adverse psychological effects. In particular, it may lead to an exaggeration of neurotic defences such as intellectualisation and reaction formation to dissociate from ego-dystonic emotions (Epstein & Leif, 1981). Thirdly, in order to gain 'insight' not only is a concentrated mind required but also one flexible and refined through being 'soaked' in emotional positivity (jhana). The final goal of enlightenment includes wisdom (panna) which is conjoined with compassion (karuna) to help other sentient beings.

EPSTEIN, M. & LEIF, J. D. (1981) Psychiatric complications of meditation practice. *Journal of Transpersonal Psychology*, 13, 137-147.

Metta Sutta. In *Sutta-Nipata*. Translation by Saddhatissa, H. (1985) London: Curzon.

Udana. Verses of Uplift. In *The Minor Anthologies of the Pali Canon*, Part II. Translation by Woodward, F.L. (1985) London: Pali Text Society.

PARAMABANDHU GROVES, *National Addiction Centre, Addiction Sciences Building, 4 Windsor Walk, London SE5 8AF*

Sir: Thank you for asking me to respond to Dr Groves' letter. Buddha taught many techniques of meditation and suited his teachings to the needs of the individuals. As

practice of Brahma Viharas to many so that they could develop qualities of loving kindness (*Metta*), compassion (*Karuna*), sympathetic joy (*Mudita*), and equanimity (*Upekkha*). A degree of mental purification through other meditative practices makes it easier to develop Brahma Viharas. On the other hand the practice of Brahma Viharas meditation prepares oneself for practising *Samadhi* (continuous concentration of mind e.g. through 'anapan' which uses breath as the subject for meditation).

Development of morality can similarly be at different levels. At the most basic level, it means refraining from harmful speech and actions. At higher levels, it involves cultivating the positive aspects of morality in its more and more subtle forms.

K. N. DWIVEDI, *Child & Family Consultation Service, 8 Notre Dame Mews, Northampton NN1 2BG*

Freud's sisters

Sir: That four of Sigmund Freud's five sisters perished in Nazi death camps during the Holocaust (Gilbert, 1987, p. 476) is not

widely known. Rosa, aged 84 years, died in Auschwitz, Marie (82) and Pauline (80) met their deaths in Treblinka, and Adolfine (81) was murdered in Theresienstadt. Freud left Vienna for Hampstead in 1938, succumbing to cancer of the jaw shortly after.

GILBERT, M. (1987) *The Holocaust*. Glasgow: Fontana/Collins.

BRIAN O'SHEA, *Newcastle Hospital, Greystones, County Wicklow, Ireland*

Label of personality disorder

Sir: Regarding the 'label of personality disorder' (Mulligan, *Psychiatric Bulletin*, 1994, 18, 512-513) which is so unpopular with patients, my practice is to use the term 'personality difficulties'. Patients are much more accepting of this and helpful discussion of individual difficulties can occur rather than patients (understandably) defending themselves against the label of another 'disorder'.

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