around it'. Metaphysical ideas must be evaluated by value judgements rather than by empirical methods and psychiatrists should assess psychoanalysis by alternative criteria: intellectual, humanitarian, economic and others.

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REFERENCE

POPPER, K. R. (1959) *The Logic of Scientific Discovery*. Tenth Impression (Revised) 1980. London: Hutchinson.

DEAR SIRS

Dr Mathers, (*Bulletin*, May 1986, **10**, 103–104) goes to some length to attack Karl Popper's philsophy of science. I am not sure that this is done accurately and am not convinced, in any case, that it strengthens the position of psycho-analytical theory.

In the opening paragraph Dr Mathers draws the parallel between science and non-science, sense and nonsense. Karl Popper went to great lengths to avoid this comparison and was amongst those who accepted that much of our scientific knowledge has emerged from superstitious, mythical and religious concepts.

It was a consideration of psycho-analytical theory, amongst other theories popular in the Vienna of his youth, which led Popper to his demarcation of science and non-science and his rejection of inductive reasoning. He noted that no conceivable observations could contradict this theory. It was claimed that it could explain whatever happened and Popper saw that this ability to explain everything, which so convinced and excited its followers, was precisely what was most wrong with it. (Dr Mathers, too, seems critical of attempts at reductionism and trying to explain all phenomena in terms of one theory.) However, Popper never dismissed such theories as valueless, still less as nonsense:

"This does not mean that Freud and Adler were not seeing certain things correctly: I personally do not doubt that much of what they say is of considerable importance and may well play its part one day in a psychological science which is testable. But it does mean that those 'clinical observations' which analysts naively believe confirms their theory cannot do this any more than the daily confirmations which astrologers find in their practice. And as for Freud's epic Ego, the Super Ego, and the Id, no substantially stronger claims to scientific status can be made for it than for Homers collected stories of Olympus".[1]

and later:

"If a theory is found to be non-scientific or metaphysical (as we might say), it is not thereby found to be unimportant, or insignificant, or meaningless, or nonsensical. But it cannot claim to be backed by empirical evidence in the scientific sense—although it may, easily be, in some genetic sense, the 'result of observation' ".

In an attempt to defend psycho-analysis by trying to discredit Popper's theory, Dr Mathers makes three criticisms in paragraph four. In reply: firstly, Popper stated that the demarcation between science and non-science was falsifiability. That scientific laws are testable in spite of being unprovable: they can be tested by systematic attempts to refute them. That scientific law is conclusively falsifiable but not conclusively verifiable and simply by seeking repeated confirming instances we can never prove a theory. At any time the best our hypotheses are the most probable explanations of situations within the bounds of our knowledge. This means that all knowledge is provisional and to prove a theory is logically impossible.

Secondly, Popper suggests that knowledge is always advancing by the process of scientific refutation, as the refutation of each hypothesis provides us with a new hypothesis to test. He cautioned against abandoning theories lightly as they may not be tested rigorously enough. With reference to the theories of Newton and Einstein, Popper agrees with Dr Mathers:

"We cannot identify science with truth, for we think that both Newton's and Einstein's theories belong to science, but they cannot both be true, and they may well both be false".[2]

I think with both these points there is need to distinguish between Popperian theory and some 'scientific' practices, for the two may not be the same and the latter may not necessarily discredit the former.

Thirdly, Popper agrees that theory precedes observation and was aware of the bias this could create in methodology.

"The belief that science proceeds from observation to theory is still so widely and so firmly held that my denial of it is often met with incredulity.... But in fact the belief that we start from pure observations alone, without anything in the nature of theory is absurd".[1]

"Observations and even more so observation statements and statements of experimental results are always interpretations of the facts observed; that they are interpretations in the light of theories".[3]

From the beginning he drew the distinction between the logic and the implied methodology of his philosophy. He acknowledged that though the logic was straightforward, methodologically it was always possible to doubt a statement. He suggests that we therefore formulate our theories as unambiguously as we can so as to expose them as clearly as possible by refutation and accepts inherent difficulties in this methodology as in any other. It is a misconception to believe that Popper proposed the idea of falsifiability as a solution to the problem of experimental bias.

I have tried to show that Popper did not set out to discredit psycho-analysis but simply proposed a philosophy of science which showed psycho-analytical theory to be a non-science because it was untestable. This does not imply it is nonsense, nor that there will never be a time when it may become testable. Neither does it mean it is not true. The central point is that if all possible states of affairs fit in with a theory, then no actual states of affairs, no observations, no experimental results, can be claimed as supporting evidence for it. That is, there is no observable difference between its being true or false so it conveys no scientific information.

Only if some imaginable observation could refute it is it testable and only then can it be scientific.

Popper's ideas encourage us not to fear or avoid error or criticism for it is by this means that we learn and expand our knowledge. We are too readily programmed to resent criticism, and yet, an acceptance of it allows the realisation that error provides us with the opportunity to improve things. The man who fights criticism out of concern to maintain his position is clinging to non-growth; an idea one might expect would appeal to analysts.

I think Dr Mathers should view Karl Popper's theory with less paranoid dismissiveness as much of what he wrote on the subject acknowledges the limitation of our knowledge and understanding and he accepted the potential contribution psycho-analysis may make. It is worth remembering that he was one of the critics of the logical positivists who were so keen to destroy metaphysics.

It is ironic that Dr Mathers' last paragraph should contain sentiments similar to those of Popper. I am sure he would approve of "keeping one's mind open" and "question constantly our own hypotheses". Certainly, he never suggested that "levels of explanation unfamiliar to us" were nonsense, only that they were non-science.

I am not a supporter of psycho-analysis and do not feel analysts should view Karl Popper as their prime enemy; they will not strengthen the validity of their concepts by decrying his ideas.

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[2]——, —— (1971) In *Modern British Philosophy* (ed Bryan Magee) London: Secker & Warburg.

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Family therapy?

DEAR SIRS

Dr Macilwain's psychodynamic formulation (*Bulletin*, August 1986, **10**, 211–212) of the administrator (father), doctor (mother), patient (child) conflict rang true for me. I spent two years on a medical staff committee and although I felt that because of my rotational post I would not have to live with many of the decisions and would remain distant from the heat, I found myself being drawn into family mythology usually as a complaining mother. I understand that this is a common trap for the inexperienced marital therapist.

Could we have a conductor/facilitator for these meetings rather than a chairman? Should it be conjoint therapy i.e. doctor and administrator as joint therapists?

If we can accept that the common focus is the children, and that they need both of us, perhaps we can accept that it is the marriage that needs adjusting.

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Mother and baby units

DEAR SIRS

We were interested to read the article by Kumar and colleagues (Bulletin, July 1986, **10**, 169–172) in which the important issue of the status of the babies admitted to Mother and Baby Units is raised.

In common with many other psychiatric units, this hospital has now set aside rooms in two of the admission wards which can function as Mother and Baby Units. We have found that the best solution for the baby is for he/she to remain under the care are of the referring GP who has then agreed to provide the service that he or she would provide at home. The advantages of this are:

(1) Psychiatrists, both consultants and trainees, are not called upon to make decisions about the management of the relatively normal problems that arise with small children. This is particularly important when trainees in psychiatry vary enormously in their experience of neo-natal medicine.

(2) This process allows the normal community service of Health Visitor and Community mid-wife to see the mother during her illness and gain understanding of her experiences at that time.

(3) The opportunity for these people to see the mother in hospital gives an opportunity to de-mystify and de-stigmatise mental illness, and importantly, closer liaison between the different Health Service professionals involved.

In conclusion, we were astonished to hear that only three hospitals regularly called upon the community psychiatric nurse to see their patients at home. In this District it would be very rare indeed for such patients not to receive CPN support after and indeed frequently before admission.

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Mental Health Act 1983

DEAR SIRS

Yesterday I was asked to make an alteration on a Medical Recommendation form. I was told the patient was not 'of no fixed abode' but was 'address unknown'! Is this a record?

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https://doi.org/10.1192/pb.10.11.319 Published online by Cambridge University Press