AUTHOR'S REPLY: Ross suggests that the *CBC* (1993) presented him in a misleading fashion. The reporter, Trish Wood, said initially: "He's written, among other things, that some MPD is the outcome of secret programs, run by the CIA." Later, the programme offered the following sequence:

> "Wood: According to a book proposal by Dr Ross, and obtained by *The Fifth Estate* . . ., Ross thinks he's uncovered a government plot going all the way back to the forties. It seems some of his patients are starting to believe their MPD was implanted by the CIA. Their doctor has been helping them remember just how it was done.
>
> "Ross: They are taken to special training centers, where these different techniques, like sensory isolation and deprivation, floatation tanks (sic), hypnosis, various memorization tasks, virtual reality goggles, and hallucinagenic (sic) drugs and so on, are used on them to try and deliberately create more alter personalities that can hold information.
>
> Wood: Dr Ross . . . thinks the CIA and others could be out to discredit them all.
>
> Ross: . . . If the dissociative disorders field is starting to uncover some of the mind control experimentation that was done, that's hidden in the alter personalities in the background, naturally they wouldn't be enthusiastic about that happening. So it'd be necessary to have some sort of political strategy in place to counter that.
>
> Wood: Which would be?
>
> Ross: It's alters created in therapy. It's fantasy. It's not real. It's hypnosis."

Ross still argues that "dissociative amnesia barriers' may have been deliberately induced in children. If, as he seems to claim, he was getting information about this from his patients, these CIA actions must have involved tens of thousands of children, or more – unless the cases were only induced in the parts of Manitoba and Texas where he has mainly worked. Recognising CIA misdemeanours is one thing. Believing the above is quite another.

The "alleged claim" of 5% of students with MPD is an extrapolation found in Ross's book (Ross, 1989) together with some other less ambitious estimates. As with Ross's remarks about the CIA, we cannot be sure which option he is really espousing, but he shows a notable tendency to dwell earnestly upon the improbable.

Nakdimen attributes to me the view that MPD is invalid because many people believe in it. I certainly did not say that, nor imply it. I do say – after Hilgard – that the increasing numbers of personalities raise doubts about diagnoses. Indeed they do, and especially when one of the outstanding proponents of the diagnosis of MPD unbelievably recognises cases with over 4000 or 4500 personalities or fragments of personalities (Kluft, 1988). I wonder in what clinical circumstances such numbers were recorded and counted, but they have been seriously published in a peer reviewed journal of the International Society of which Ross was president and the author is the journal's editor.

Nakdimen can hardly save the day for the recovered memory believers with photographic ("flashbulb") memory. Such memories are not perfectly detailed, perfectly accurate, perfectly vivid, nor immune to forgetting and do not require a special memory mechanism for their production. Typically, they are believed in with greater confidence than "normal" memories, whether or not such confidence is justified (Weaver, 1993).

Haley points to the danger in condemning too widely therapists working with the victims of sexual abuse. I entirely agree, and the risk of harm extends to the genuine victims who become suspect because of the false cases. Unfortunately, there is reason to think that the false cases are many. It appears currently, in Britain, that in a sample of 810 chartered psychologists (constituting only a 20% analysable response rate of those polled), 38% usually and 6% always believed in the essential accuracy of recovered memory (Andrews *et al*, 1995). For reports of Satanic ritual abuse, the figures were 38% usually and 5% always. These results are alarming. Similarly, Pendergrast (1995) describes very worrying figures for recovered memory of claims of abuse in the USA. All who are concerned about the sexual abuse of children – which means all responsible professionals – need to jettison the false hypotheses which are discrediting psychiatry and allied fields. These hypotheses include belief in multiple personality disorder and the reliability of recovered memory.

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Publication bias and meta-analysis

SIR: Piccinelli *et al* (1995) present a meta-analysis examining drug treatment in obsessive-compulsive disorder, which demonstrates the efficacy of anti-depressant drugs in treatment.

In the absence of large scale randomised control studies, we believe that such meta-analyses may be a valid method of obtaining useful information by pooling data from several smaller studies. However, the results need to be treated with caution since recent meta-analyses in other spheres of medicine have provided misleading results which have subsequently been refuted by large scale randomised control trials.

A recent investigation (Egger & Davey Smith, 1995) into one 'false positive' meta-analysis suggested the problem was publication bias in the studies available for pooling; small studies reporting a favourable result in treatment groups are more likely to be published. Publication bias can be demonstrated graphically by a 'funnel plot', which plots clinical effect against sample size. If there is no publication bias, then the plot resembles an inverted funnel, since the results from smaller studies are more widely but still symmetrically distributed than those of larger studies.

Piccinelli *et al* acknowledge that "Published clinical trials may be biased in favour of significant results, since trials failing to show any treatment difference may be less likely to be published". However, they do not test this possibility and since the sample sizes of the studies included were not presented, the critical reader cannot construct funnel plots from their data.

As it has been shown that such biased data can result in misleading results, we would suggest that sensitivity analyses such as funnel plots be included in all systematic reviews presented in the *BJP*. The science of systematic review remains an evolving one and if it is to retain its credibility then it should be seen to learn from its mistakes.

EGGER, M. & DAVEY, G. (1995) Misleading meta-analysis. *British Medical Journal*, **310**, 752–754.

PICCINELLI, M., PINI, S., BELLANTUONO, C., *et al* (1995) Efficacy of drug treatments in obsessive-compulsive disorder; A meta-analytic review. *British Journal of Psychiatry*, **166**, 424–443.

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Women's response to adversity

SIR: In their study of women's adjustment to adversity, Surtees (1995) appears to suggest that the experience of entering a women's refuge is an adverse event, comparable to the loss or threatened loss of a partner through death. They express surprise that women entering a Women's Aid refuge show a reduction in general indicators of distress unlike the other two groups who become more depressed and anxious.

The selection of women entering a refuge as a comparison group seems to completely misunderstand the nature of these womens' experiences. Our recent research (Scott-Gliba *et al*, 1995) found that women in refuges have typically experienced years of violence, abuse and degradation before they take the decision to leave home. Compared with women who were not in violent relationships, they had high levels of depression, anxiety and post traumatic symptoms which decreased over time, when they were separated from their violent partner. For these women the traumatic event is not the loss of home or financial stability, but the terror that precedes it, to which the women have had to make complex behavioural and cognitive adjustments in order to survive. Although leaving a battering partner is, in itself, not without risks (violence typically escalates when faced with the prospect of abandonment) and may involve considerable material hardship, nevertheless the removal of constant threat for these women is beneficial for their emotional and mental well-being, restores their sense of self-respect and dignity and allows them to re-establish some control over their lives.

SCOTT-GLIBA, E., MINNE, C. & MEZEY, G.C. (1995) The psychological, behavioural and emotional impact of surviving an abusive relationship. *Journal of Forensic Psychiatry* (in press).

SURTEES, P.G. (1995) In the shadow of adversity: the evolution and resolution of anxiety and depressive disorder. *British Journal of Psychiatry*, **166**, 583–594.

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Structured abstracts

SIR: Simpson & Baldwin (1995) describe a 71-year-old man who developed acute obsessive–compulsive disorder after a right parietal infarct. SPECT scanning revealed, in addition to the infarct, a diminution of cerebral blood flow in the right basal ganglia and temporal areas. The patient's clinical state improved on a combination of clomipramine and cognitive–behavioural psychotherapy.