Brit. J. Psychiat. (1966), 112, 743–745

Correspondence

PARENTAL LOSS AND ATTEMPTED SUICIDE

DEAR SIR,

I should be grateful for the opportunity to correct a misprint which appeared in my paper in the May issue of the *Journal*. The discussion on causes of parental loss (p. 468, col. 2) should read:

> "Miscellaneous causes other than illegitimacy, parental death and divorce appear to be somewhat less frequent among suicidal patients than among non-suicidal controls, but surveys of much larger samples would be required to determine the significance of this finding."

This point is of some interest, because a more extensive study which has just been completed (1) shows significant differences between attempted suicides and matched non-suicidal controls in respect of causes of parental loss, the suicidal group being more often deprived as a result of irreversible causes such as parental death and divorce, whereas among controls parental loss is more commonly due to temporary exigencies such as war service. These results confirm the trend shown in the previous study.

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REFERENCE

GREER, S., GUNN, J., and KOLLER, K. M. (1966). *Aetiological Factors in Attempted Suicide.* To be published.

BEHAVIOUR THERAPY

DEAR SIR,

In the February, 1966, issue of the *Journal* there were printed both my letter regarding the article by Marks and Gelder published in July, 1965 and a rejoinder by these authors. I am writing now in an attempt to clear up the confusion.

Drs. Marks and Gelder allege that I missed the point regarding their matching patients for treatment outside of "behaviour therapy" (i.e., practical retraining); they say that patients were, in fact, successfully matched on all treatment variables other than practical retraining. However, a close examination of their article fails to confirm this. I have taken the liberty of constructing a little table which ought to make clear my argument that there was, in fact, absolutely no control in terms of treatment beyond retraining:

	Agoraphobics	
	"Behaviour" Therapy" (N=21)	"Controls" (N=21?)
Relaxation-hypnosis	8	0
Systematic desensitization ..	6	0
Sedatives	13	9
ECT	2	0
Abreaction	1	2
Leucotomy	1	1
Anti-depressants ..	0	5
LSD	0	1
Intensive psychotherapy ..	0	7
General encouragement	0	7

Examining just this group of phobics, we see that (*a*) it is not clear how many patients received various combinations of other-than-retraining ministrations. Obviously *some* such combinations had to occur, for otherwise we would have 31 patients in a group of N=21. What, then, is the interaction between, for example, systematic desensitization and ECT? In addition, there is no information as to the actual drugs used or their dosages. Furthermore, what is "intensive psychotherapy?" (*b*) it is also very clear that, contrary to the authors' rejoinder, satisfactory matching was *not* achieved *vis-à-vis* treatment, e.g., where is the LSD patient in the "behaviour therapy" group of agoraphobics?

Even if patients had been matched for treatment, one would still have to raise serious questions. For example, do we know the effects of leucotomy on the presumed conditioning during practical retraining? In fact, do we know what happens in the brain during *any sort* of learning? We do not, so that simply adding practical retraining to leucotomy entails a dangerous assumption as to the nature of the interaction between just these two variables.