It is commonplace experience in clinical practice that one of the most powerful determinants of medication compliance is the quality of the therapeutic alliance in the doctor/patient relationship. Patients in these trials who, in addition to medication, received psychotherapy very likely developed a stronger therapeutic alliance than those who did not.

It is not my purpose to attempt to argue that psychotherapy has no beneficial role in depression. Indeed, everyday clinical experience attests to its value and moreover, the abovementioned trials demonstrated an independent beneficial effect of psychotherapy alone. My point is simply that, unless serum levels of antidepressants are measured, the mechanism for the additive benefit of combined therapy must remain in doubt, as variations in compliance are very likely exerting a major influence. To date, no similar trials utilising serum antidepressant levels to monitor compliance have been published.

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Psychiatry in Jeopardy?

DEAR SIR,

It seems to us that Professor Rawnsley's article 'Psychiatry in Jeopardy' (*Journal,* December 1984, **145,** 573–578) represents a developing and worrying consensus amongst psychiatrists which needs to be challenged both as to fact and to the superstructure it is made to carry.

The evidence that psychiatry is, in fact, in jeopardy is thin. The anti-psychiatry movement has abated, Laing and Szasz now have little in common and are proponents of different, fairly conventional psychotherapies. The Scientology Church is a shrill but small voice and we need feel no more jeopardised than the haematologists do by Jehovah's Witnesses. The 1983 Act is frankly little different from the 1959 legislation, and the criteria for Section 2 seem less restrictive than the old Section 25. Certainly gynaecologists seem to operate under at least equal legal restraint.

Professor Rawnsley's underlying cause, a deep seated ambivalence to mental illness, also needs close examination. Is not fear of mental illness more common amongst those less acquainted with it? On the whole, society seems to be moving towards a stress model of mental illness, sympathetic concern rather than fear. A considerable proportion of our patients are extensively supported in the community by a tier of semi-professional helpers; clergymen, Samaritans and the like. Having found such a universal defence of psychiatry, Rawnsley uses it rather indiscriminately. The mental hospital scandals, although perhaps explicable are certainly not defensible in terms of selective public attention. We are also puzzled by the rather odd incident recounted from his time in field research. He seems to recount a story of a man who had been in hospital for some time, presumably significantly disabled, who was discharged not only without consulting his support network but without even informing them. He would have witnessed a similar response if the patient were returning from a geriatric ward.

Running through the whole article we perceive a theme which is becoming more and more commonly expressed as an overall model of psychiatry within the profession. This model amounts to a paradigmatic shift from the traditional consensus of a multidisciplinary multifactoral approach to one which claims specifically medical factors as paramount and thus grants doctors hegemony. There is a common though false way of stating this argument that disguises it as a development of the multifactoral approach, by stating that as medical factors can be important only a doctor can have an overall view.

This new theme needs to be challenged not simply because it is false but because it is having a damaging effect on clinical practice. It can be discerned in the increasing interest in physical tests, the broadening use of lithium salts and a move towards DGH units. The social and personal implications of a diagnosis – treatment model – alterations to personal responsibility, changes of interpersonal conduct – are introduced incidentally.

In short we believe psychiatry is damaging its own practice in mounting a defence which won't work to a threat which doesn't exist.

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