are unexplained affective outbursts. There is no doubt that mentally handicapped patients require a standard of accommodation that provides a good and suitable permanent home. Nevertheless it would appear that the physical environment alone may not play a dominant part in determining behaviour. Number and attitudes of staff, 'esprit de corps', personal relationships and psychiatric treatment may well be of much greater significance.

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SEX OFFENDER THERAPY

DEAR SIR,

There are comparatively few therapeutic settings in which it is possible to conduct small group psychotherapy with sex offenders (of either sex) and members of the opposite sex. Most penal establishments are run on a one-sex basis. The literature on various forms of psychotherapeutic approaches in treating the sex offender is copious, *except* with reference to the small mixed group.

At this hospital we have been conducting such groups for the past five years and I would like to invite interested colleagues to communicate with me. Within the field of offender therapy there are relatively few openings for mixed small group psychotherapy. To be able to observe and monitor the behaviour of the man with a history of multiple rapes, in addition to the progressive disclosure of his inner world phenomena, in a small group where half the members are girls can provide vital clinical information. Such groups therefore provide the opportunity for enhancing a diagnostic dynamic formulation of the patient's psychopathology at the same time as furnishing the matrix for the sequential phases of the therapeutic process itself.

I am keen to collate data and pool the experience of those working in this field and would be grateful if they would kindly write to me at this hospital.

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PSYCHIATRY: MEANING AND PURPOSE: AN ANSWER TO DR BEBBINGTON

DEAR SIR,

Dr Bebbington's paper (*Journal*, March 1977, **130**, pp 222–8) raises a number of issues having different importance. The first and less important is whether the arguments he raises against those who make the distinction between causal explanation and meaningful understanding in examining the theory of psychoanalysis can bear the weight that he puts upon them. The contention is that physical reality can be observed and explained in terms of causal connections, whereas psychic reality can only be 'understood' by meaningful connections. In themselves these arguments are academic in the pejorative sense, and they can be answered fairly easily by saying that he has misunderstood the authors he has criticized, and indeed be accused of misquoting them. Whether this is correct must be an individual opinion, only reached by those sufficiently interested to read the works of those he criticizes. To me the philosophical hardware which Dr Bebbington throws at us, if I have not misunderstood him, has a soft impact. I do not wish to try to answer him blow for blow. He is, however, very concerned that psychiatrists should be scientists, because he thinks reasonably enough that this will influence what they do in the clinical situation. His main conclusion is that he would like to see the principle of Popperian refutability applied to psychoanalytical theory even though this 'would involve major change in the form of the theory'. But surely the 'theory', as put forward by Freud, has been subject to change and revision again and again, and who can tell now what the main tenets of psychoanalytic theory are? To quote Seeley (1967):

> 'The words were hardly cool on Freud's lips, the ink hardly dry on his pen, before "revisionism"—or as he looked upon it apostasy—set in, even in Europe. Unlike Christ, eleven-twelfths of whose disciples remained formally firm in the faith, Freud lived to see proportions almost reversed—Jung, Adler, Ferenczi, Reik, Rank and Stekel to mention only the most eminent.'

In the US there were the revisions of Sullivan, Horney and Fromm, and in the UK that of Klein. In Europe existential theory has flourished. But there