COUNSELLING

Sir,

I was distressed by the Editorial "Is Counselling the Key?" which appeared in the November issue of the *Journal.*

The use of the term counselling to embrace any open-ended approach and to include within it giving advice is to take away from the word any usefulness it has in a technical sense. The consequence is that we have no term to describe transactions which are patient/client orientated and whose objective is to encourage the counsellee to face the reality of his or her problem and to generate their own solutions. As I have pointed out elsewhere (McCormick, 1979) this activity is aggressive rather than comforting.

If we are to use the term counselling to include giving advice in a still small voice we are producing a destructive semantic confusion.

J. S. McCormick
Professor, Department of Community Health

University of Dublin
196 Pearse Street
Dublin 2.

Reference

McCormick, J. S. (1979). *The Doctor.* London: Croom Helm.

ACCOUNTS OF DEPRESSION

Sir,

We are editing a collection of personal accounts by professional workers in the field of mental health, in which authors describe and reflect upon their experience of coping with their own clinical depression. The aim of the collection is to find out how those who are now the 'experts' fared when it happened to them and what they feel they learnt from the experience.

Contributions would be up to around 3,000 words and would preferably include the writer's observations and reflections upon the circumstances in which he/she became depressed; factors which seem to have helped him or her to survive; the adequacy of help received, whether informally or formally; and what the writer considers he/she has learnt from the experience, both about him/herself and about his/her role as a member of the mental health team.

The essays could be signed, anonymous, or written under a pseudonym, at each writer's discretion.

To date we have potential contributors who are psychiatrists and clinical therapists, but we would like to include essays from general practitioners, since they are the 'front line' of the mental health team. We would be interested to hear from general practitioners who think they might like to contribute to this unusual project, for which we are in the process of finding a publisher. We'd be especially pleased to hear from men because so far most of our potential contributors are women.

Vicky Rippere
Ruth Williams
Lecturers in Psychology

Institute of Psychiatry
De Crespigny Park
Denmark Hill
London SE5 8AF.

FAMILY PLANNING AND RELIGIOUS ALLEGIANCE

Sir,

During a survey carried out amongst patients registered at a new health centre in Glasgow, questions were asked about family planning and about religious allegiance. A total of 1,344 people were interviewed at home (representing 3·1 per cent of the patients registered at the health centre). The questions on family planning were only asked of the 602 subjects who were married and where the wife was of child-bearing age (44·8 per cent of the total sample interviewed). A distinction was made between those with an active religious allegiance involving some participation at least once a month, and those whose religious affiliation was purely nominal (Hannay, 1979).

Two hundred and fifty-five (42·4 per cent) used no method of contraception; 153 (25·4 per cent) were on the pill; 71 (11·8 per cent) had been sterilized; 52 (8·6 per cent) used the sheath and 31 (5·1 per cent) had an IUCD (Hannay, 1976). There was no statistically significant difference between the use or method of contraception and whether subjects had an active or passive religious allegiance. There were differences between methods of family planning according to religious denomination, as indicated in the table below, but these differences were not as marked as might have been expected.

Almost half those who were Roman Catholics were using some form of family planning (including those who had been sterilized). The proportion of Catholics using contraception was similar whether their religious allegiance was active or not. Those whose religion was non-Christian were mainly immigrants from Pakistan.

Although the official attitudes of religious denominations towards contraception may vary widely, these do not appear to have much effect on the use of family planning in Glasgow.

D. R. Hannay
Senior Lecturer

Department of General Practice
Woodside Health Centre
Barr Street
Glasgow G20 7LR.

Methods of family planning according to religious denomination.

Method of family planning	Percentage by religious allegiance*				
	Church of Scotland	Other Protestant	Roman Catholic	Non-Christian religion	No religion
None	36	40	53	44	20
Pill	28	16	20	28	46
Coil	6	8	3	8	7
Sheath	11	8	7	5	7
Sterilization	12	24	10	13	7
Other	7	4	7	2	13
Total (numbers)	100 (313)	100 (25)	100 (210)	100 (39)	100 (15)

*Percentages to nearest whole number.

References

Hannay, D. R. (1979). *The Symptom Iceberg: A Study of Community Health.* London: Routledge and Kegan Paul.

Hannay, D. R. (1976). Family Planning in Glasgow. *Royal Society of Health Journal,* **96**, 193-195.