

war profoundly affect our patients, but the ever-present threat of such a disaster is currently affecting people, causing deep-seated fears and insecurities. We are trying to reconcile the omnipresent possibility of a nuclear holocaust with our day-to-day personal lives.

Just to be aware of the full dimensions of the problem and the degree to which it can affect individuals is a step towards solving the most difficult problem humanity has ever faced. We are, therefore, saddened that the College of general practitioners are unwilling to take this first step.

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Rebirthing

Sir,

The most interesting and instructive paper: "Antenatal memories and psychopathology" (December *Journal*, pp. 751-755) makes exciting but somewhat spooky reading. However, the technique is not new. On the contrary, there is much in the literature: Janov (1973), Moodie (1959); Rank (1957). A good deal of clinical work of this nature was carried out experimentally from around 1952, mostly with the use of hypnoanalysis: Ambrose (1965), Kelsey (1953), Schneck (1955).

Dr Neighbour seems to have used involved role-playing or psycho-drama and by subsequent conditioning appears to have produced 'dissociation' with 'Ian G'. Indeed I would wonder if the patient was not eventually in a state of somnambulism? Certainly LSD (lysergic acid) studies (Frederking, 1955; Sandison and Whitelaw, 1957) showed us that phantasy and memory were, as Freud described in some detail, one and the same thing.

The interpretation of birth traumata by psychodynamic understanding must now become acceptable, respectable and applicable, certainly in general practice.

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Sir,

I am concerned that regressive techniques such as rebirthing are being used in general practice especially when the training for this is described as 'informal'.

The doctor-patient relationship tends to foster dependency and regression, making patient and doctor more easily seduced by these techniques.

Surely our position as general practitioners is to encourage dignity, independence and self respect in our patients. When specialized psychotherapy is required, patients should be referred to a reputable therapist with the necessary formal training.

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We showed Dr Cotterell's letter to Dr Neighbour, who replies as follows:

I fully share Dr Cotterell's championship of dignity, independence and self-respect in our patients. My patient's suicidal self-mutilation was the antithesis of these qualities, and he has thankfully now regained them.

In rebirthing, as in most techniques of psychotherapy, dependency and regression are neither ends in themselves nor evils to be eschewed at all costs. They are temporary prerequisites for the re-integration of a damaged personality.

Unfortunately, in this country at least, there is no professionally accredited formal training in rebirthing. Psychiatrists and other therapists using skills in this area have had to acquire them in much the same way as I did.

ROGER NEIGHBOUR

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Teenage Girls

Sir,

I am writing to ask whether any general practitioners in the London area would be interested in co-operating in a study of depression, anxiety and problems of eating control in teenage girls.

We would be very pleased to hear from general practitioners who have reasonably up-to-date age/sex registers, and who would be interested in allowing us access to their patients. All secretarial work relating to the research would be carried out by the research team.

We plan to interview briefly and administer questionnaires to a total population group of girls and their mothers in their homes, and then to interview more intensively both high-risk groups and a control group. We hope to identify background factors in the families and in the girls themselves, and to gain some understanding of measures which might be helpful in prevention and management. We are also studying factors which lead girls of this age to consult their GPs with this type of problem.

Please would any interested general practitioners write to or telephone me at the address below.

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Using Questionnaires

Sir,

In the November issue of the *Journal*, three different articles contain results from questionnaires, and draw important conclusions from these.

The use of questionnaires in research has become increasingly popular, but we wonder whether too often questions are produced with little regard for the difficult techniques involved. Anybody can produce questions, but one of the main problems in research is one of validity. Regrettably, the questionnaires published in this issue of the *Journal* leave much to be desired in this respect.

The validity of the results in the article "Computers in General Practice: The Patient's Voice" (pp. 683-685) must be in doubt, as the general context of the questionnaire leads respondents in a given direction, and the questions posed are of a closed and leading type. The article on "Blood Pressure Measurement by Pharmacists" (pp. 674-679) contains one item,