

error, because he does not agree with me, of overstating his case and understating mine. What I wrote was: 'It can therefore be held that the objectives and aims and the methods of enquiry of those who study mechanism and those who study meaning are not antithetical, but rather they are complementary'.

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#### PREPARATION OF THE TRAINEE IN PSYCHIATRY IN MANAGEMENT

DEAR SIR,

It is surprising that the Memorandum on Educational Programmes for Trainees in Psychiatry (*Journal*, June 1971, pp. 693-5), excellent as it is, makes little reference to the administrative and managerial role which the trainee in psychiatry is being prepared to fulfil.

The specialist, to be successful, must be more than a highly paid technician. In the day to day treatment of his patients in hospital, the consultant is dependent on nurses, occupational therapists, social workers, psychologists and other members of the staff, whose functions have to be co-ordinated and whose attitudes may have to be modified if effective therapy is to be realized.

In few centres are optimal facilities and conditions obtainable. Hospitals are short of staff, and the demands for services nearly always exceed the resources. Hence the consultant needs to evolve strategies to utilize what is available to the fullest extent and to determine priorities. No specialist can work in isolation, and a willingness and ability to co-operate with colleagues, professional and lay, on a flexible basis is essential.

In the psychiatric hospital all influences which impinge on the patient have therapeutic or non-therapeutic effects. If the consultant is to be finally responsible and accountable for his patients' treatments he must know how to play an effective part in the overall administration and management of the hospital as an institution, the *raison d'être* of which is treatment of the patient.

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#### SMALL HANDWRITING IN SOME PATIENTS WITH ANOREXIA NERVOSA

DEAR SIR,

The syndrome of anorexia nervosa was defined by Gull in 1868. It occurs predominantly in adolescent girls and young women and is characterized by weight loss, food refusal and amenorrhoea. Russell (1970) has discussed the identity of this syndrome as an illness with its own peculiar psychopathology, and others such as Bruch (1966), Selvini (1965), and Crisp (1967) have drawn attention to characteristic psychological disturbances in these patients. Bruch stresses in particular that they frequently have a distorted body image, believing themselves to be obese when in fact they are emaciated.

We have observed peculiarities in the handwriting of patients suffering from anorexia nervosa. The handwriting in some cases is extremely small and neat. This is demonstrated in examples (a), (b) and (d) in Fig. 1. In each instance the handwriting is that of a girl with anorexia nervosa during the phase of her emaciation. Example (d) is of particular interest, as a specimen of the patient's writing before the onset of her illness is available (c), and the change which has occurred is well demonstrated. All the examples of handwriting are reproduced at their natural size.

It is suggested that in some patients with anorexia nervosa the handwriting is extremely small. This observation is perhaps of interest in view of what is known of the characteristic psychopathology of the condition.

#### ACKNOWLEDGEMENT

I wish to express my gratitude to Dr. G. F. M. Russell of the Institute of Psychiatry and Metabolic Ward, Maudsley Hospital, for permission to represent data concerning his patients.

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CRISP, A. H. (1967). 'The possible significance of some behavioural correlates of weight and carbohydrate intake.' *J. psychosom. Res.* **11**, 141.  
GULL, W. W. (1868). 'The Address in Medicine delivered before the Annual Meeting of the British Medical Association at Oxford.' *Lancet*, **ii**, 171.  
RUSSELL, G. F. M. (1970). 'Anorexia nervosa: its identity as an illness and its treatment.' In *Modern Trends in Psychological Medicine*, edited by J. H. Price, Butterworth.

The one thing that a nation needs in order to be great and powerful, is a large, secure, supply of wood.

There is clear evidence that at the turn of the twelfth dynasty that Theben Kings were trading with Biblos

A

I don't know whether I'm doing the right thing in writing to you. But I just had to. Every time I have to come to the Monday I start worrying about my weight. I never do until a few days before. Now I've weighed myself and found that I weight bet. 3lbs. Well! I know that our scales are wrong, but they can't be out wrong. I must weigh at least 6 stone, I just know I do. I can't stop worrying about it. Ever since I found out for ten instable and there seem to be <sup>now</sup> no end of arguments in the house.

I just had to write and explain how I feel

B

and a record in  
ethiudi <sup>Meruhin</sup> Meruhin telling  
instruments and playin  
talked about the  
and the <sup>Cello</sup> Bass or  
o played the Violin  
that it was the

ing was made by an American Thomas Edison  
invented in 1877 and this caused him to see  
one in America. At the age of 16 he spent  
a few years he was deeply involved in tele-  
a to look for a way to capture sound vibration  
with revolving turntable. He then coated a  
d it on his machine. He dropped the pick-up

C

D

FIG. 1.

Specimens of handwriting from female patients with anorexia nervosa.

SELVINI, P. (1965). 'Interpretation of anorexia nervosa.'  
In *Symposium, 24/25 April 1965 in Göttingen*, (eds:  
J. E. Meyer, H. Feldman, Thieme Verlag, Stuttgart).

#### DEPRESSION: DEFENCE MECHANISMS IN SPEECH

DEAR SIR,

I would like to make some critical comments on some of the findings and interpretations in the recent paper by Hinchliffe, M. K., Lancashire, M. and Roberts, F. J. published in your *Journal* in April. One of the most significant (statistically at least) findings in these authors' study was that 'negators', as defined in their paper, were more common in the spontaneous speech of a group of depressed subjects than in a control group. I do not doubt this finding or its general reality, but I do feel the underlying assumptions in the discussion of its significance are very much misconceived.

Basic to their experiment is the concept of unconscious 'denial' in depression, a psychoanalytic notion whose validity I do not wish to debate either way. Rather it is the link between certain linguistic expressions and assumed psychodynamic processes that I would seriously question. Their work was stimulated by earlier and similar studies by Weintraub and Aronson in the United States, and the latter authors admit deriving their notion of denial as a defence mechanism from Fenichel (Weintraub, W. and Aronson, H. 1964). Just as there are explanatory models for psychodynamics, there are also models of verbal behaviour, and both may be heuristically fruitful in their own spheres; it is jumping from one model to a very different one via a dubious synonym that is so dangerous. To do justice to Weintraub and Aronson, they did evince some unease about this in their earliest paper: 'Denial is not always phrased in the negative, of course, whereas by definition negation is' (Weintraub, W. and Aronson, H., 1962). Nevertheless, in all these studies the frequency of negators is the speech variable used to 'measure' denial. There is, however, a more parsimonious explanation for this abundance of negators, ('no's'; 'not's' etc.). Patients who are depressed have not usually been so during the development of their language and speech repertoire: moreover depression and the expression of it is not the norm; the patients themselves are aware of this. Therefore words associated with the normal mood state might well be expected *a priori* to be commoner than those used in expressing the depressed mood, that is their opposites, and it is simpler probably to negate a common word than to search for an antonym with a lower word frequency. Moreover 'word searching' is often impaired in depression.

An alternative study would be to ask subjects to select between one of a pair of statements with respect to how they feel the statement which *expresses best* for them the sense of the statement. I have constructed a list of twelve pairs of such statements; each pair says virtually the same thing but one in each pair uses a negator, the other not. e.g. (A) I don't have as much of an appetite as usual. (B) I have less of an appetite than usual. If depressives do prefer negators, this would be expected to be revealed in their choices. So far, experience with nearly twenty patients shows no significant differences between depressives and non-depressives. Subjects have found little difficulty in choosing, and there also seems to be little stereotypy of overall response, indicating a well-balanced set of alternatives. When a suitably thorough study has been completed I shall be pleased to communicate to you in full.

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#### 'ATTACHMENT': A DISCLAIMER

DEAR SIR,

A Penguin edition of a book of mine entitled *Attachment* has recently appeared with a lamentably inappropriate cover-design. I am glad to report that the publishers have willingly agreed to cease issuing further copies and to rebind with a new design. Meanwhile, unfortunately, some thousands of copies, already in the hands of booksellers, are difficult to recall.

Will those who happen to see one please bear in mind how deeply I dislike the present design.

JOHN BOWLBY.

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