consciousness, albeit as fantasies. As with the nurse in the story above, such feelings are immensely powerful. If the patient is the host to difficult behaviour or recurrent relapses, then perhaps the staff are the agents of malignant alienation via negative aggressive feelings. Who is to say that these feelings might not actually begin to "kill off" the patient, inexorably driving the process of alienation to a malignant end? Such an idea may be uncomfortable to even consider; and thus worth consideration.

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#### References

HILL, D. (1978) The qualities of a good psychiatrist. British Journal of Psychiatry, 133, 97-105.

MORGAN, H. G. & PRIEST, P. (1984) Assessment of suicide risk in psychiatric in-patients. British Journal of Psychiatry, 145, 467-469.

STORR, A. (1968) Human Aggression. London: Penguin.

## Assessment of parenting

#### **DEAR SIRS**

Reder & Lucey provide a timely consideration of some key ideas in an interactional framework for the assessment of parenting (*Psychiatric Bulletin*, June 1991, 15, 347–348) and with the rapid incorporation of some of the Children's Act provisions into our practice, the era of impressionism as regards assessment of parenting ability must needs pass.

In addition to the logical progression expounded by Reder & Lucey, three further headings ought to be borne in mind, even if as child psychiatrists we honestly say we do not know their full import.

- (a) The setting or context in which the assessment occurs and this includes the contribution of the assessor.
- (b) Cultural factors and differences, which have to include the diversity of influences as well as the assumed norms.
- (c) The child, whose own individual character and temperament may be such that he or she tests parenting ability and limits of safety beyond imagining.

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# Intermetamorphosis of Doubles or Double-Golyadkin Phenomenon – a new syndrome?

### **DEAR SIRS**

Owen wonders (*Psychiatric Bulletin*, May 1991, 15, 302) if he is suffering from Fregoli's syndrome as he

has become convinced that Mr Thomson, the gentleman who appears wearing a bowler hat is in reality a man with a moustache called Mr Thompson. As Dr Owen is an avid student of Hergé, he must know that Thompson and Thompson tend to appear in duplicate forms (see Fig. 1). It is thus far more likely, that they are mistaken each for the other! While this is certainly a variant of a misidentification syndrome or a reduplicative phenomenon, it cannot be considered as Fregoli's syndrome in which Dr Owen (or somebody else) would have to be convinced that a subject kept his identity but changed his bodily appearance. If Dr Owen mistakes Thomson for Thompson (the one with the stick; Fig. 1) he has to also mistake. Thompson for Thomson - both in terms of physical appearance and actual identity. In this case we are dealing with intermetamorphosis (Silva et al, 1989), or, to be completely accurate, 'intermetamorphosis of doubles'. Again, Hergé has made an important contribution to the existing body of specialist literature (Kamanitz et al, 1989) by extensive reports of numerous dramatic incidences caused by Thomson's and Thompson's confusing experience of being doubles. We suggest the scholarly term 'Double-Golyadkin Phenomenon' for this widely underestimated but highly distressing condition (modified after Markidis, 1986, after Dostoyevski, 1846, see Förstl et al, Psychiatric Bulletin, 14, 705-707).

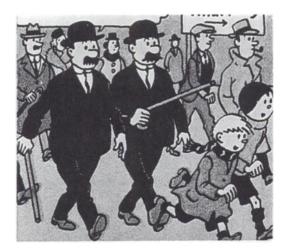


Fig. 1. Thomson (moustache, hat) and Thompson (with a stick).

As shown by Dr De Pauw's further study in the field of 'Psychiatry in Literature' (*Psychiatric Bulletin*, May 1991, 15, 302 after March 1991, 15, 167–168),