ing evidence that behaviour is influenced by present and past environments. However the illusion of free will adds to self-esteem, and has probably been selected for by evolution, which might be seen as giving it a materialist or determinist type of origin. And Tantam may choose to go on with a sentence because my views have upset him.

He refers to a view of science as dealing only with constructs in the style of 'properties', 'fields', and 'forces'. He seems to think I am inclined towards this view. My third paragraph suggests that science exists where there are phenomena that any investigator can examine and replicate; and when their description is a general proposition and not one about particulars. One difficulty about my thesis for Tantam, and also for Teichman,⁶ is that a mental-state description by an outside observer must be different from a self-description of the same person; both see this as a barrier but in fact there can be a one-toone correspondence between the two except for some unconscious parts which will only appear in the external description. Failure to recognise unconscious mental processes (almost surely the vast majority of the mind is unconscious) was a major fault of the speculations of the philosophers. I see intuition as the derivation of conscious conclusions by unconscious methods of inference from perceptions which may be conscious or unconscious. Because we don't know how we reach these conclusions intuition is unreliable and unscientific. That is not to deny that people regularly carry out mental acts called 'reaching conclusions by intuition'. When a better external description of a person's mental state is available we will probably see that some of our self-described states are illusions: I would guess that free-will and our belief in nearly complete self-knowledge by introspection will be among these states. For the present I, like Tantam, have no knowledge of my mind from studying successive levels of description. I have not, as he suggests, put introspective knowledge out of account.

I do take myself and other people to be wonderful machines. Most people can't do this because their model of a machine is too simple, as I have suggested in my article (fifth paragraph). Those who would like to stimulate their imaginations in this direction should read Hofstadter.⁴

I presume Tantam is right that the computers commonly dealt with are stupid but Artificial Intelligence investigators hope that better computers may pass a certain threshold and, at their highest level, do something unpredictable yet smart. The effects of unreason in people can be predictable or unpredictable in different cases. However, I feel that where the effects of reason are glorious they are only unpredictable to persons of a lesser degree of reason.

I cannot see how I can be accused of pre-judging the conclusion when I 'self-effacingly' state it in the subjunctive. Similarly, Dr Azuonye is mistaken about my concluding paragraphs, in which the words 'science', 'satisfactory', and 'true' do not appear at all. I cannot see why Tantam should consider any of his knowledge 'inviolate'. Any part of it could be in error or be changed by new data. If he feels he cannot make all of his knowledge consistent, then perhaps one part is false, and consequently not knowledge. If however, he means that he has two or more bodies of knowledge based on good evidence and no ready hypothesis or theory that would explain both together, then my article has tried to suggest a form for such a hypothesis.

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Diversity of teaching

DEAR SIRS

I am interested by the diversity of teaching to be found in the December 1985 issues of the Journal and the Bulletin. At the same time as Duesp (Bulletin, 1985, 9, 256) advises familiarity with psychological therapies, Quitkin (British Journal of Psychiatry, 1985, 147, 593-597) feels it necessary to state dosages of antidepressant drugs. The question posed is how such contrasting dogmas can simultaneously be considered necessary. I am increasingly suspicious that psychiatrists with leanings to one mode of treatment, be it organic or psychological, may be reluctant to exploit the other to the full even when to do so would be more appropriate. A diabetologist does not allow blood sugar to remain abnormal if dietary control is inadequate; he administers adequate doses of insulin.

I can only infer that Strupp's¹ criteria, 'What kinds of therapeutic procedures will be helpful to particular patients under particular circumstances?' should not have been restricted to psychotherapy! The Working Party for review of the MRCPsych examination hopes to test 'the skills of psychiatric practice at a more advanced level'.² I wonder if others share my concern that more basic skills may be in need of attention?

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