due to their leading lives relatively independent of males) had been similar to those of the lesbians. In any case, until marital status has been controlled as well as other factors, the results of my research, although interesting, may prove little. It is my hope to write a much more comprehensive paper based on a much larger number of subjects, which will be considerably more definitive concerning the lesbian personality than was possible in the present study.

JUNE H. HOPKINS.

North Riding College of Education,
Filey Road,
Scarborough.

PATIENTS' PERCEPTION OF HIDDEN FIGURES

DEAR SIR,

May I refer Messrs. Crookes and Hutt, whose articles entitled 'Perception of Hidden Figures by Neurotic and Schizophrenic Patients' appeared in the March issue of the *Journal* (p. 335), to the work I have done in this field (1, 2)? I too found significant differences between the performances by schizophrenic and neurotic patients on the Gottschaldt figures. When the effect of intelligence on these performances was partialled out, however, the differences disappeared (1). Moreover, a factor-analytic study which was undertaken later confirmed that the (untimed) Gottschaldt Figures Test is an almost pure measure of general intelligence (2).

D. ROMNEY.

Sunnybrook Hospital,
2075 Bayview Avenue,
Toronto 12, Ontario, Canada.

(1) ROMNEY, D. M. (1967). *Aspects of Cognitive Dysfunction in Nuclear Schizophrenics and their Parents and Siblings.* Unpublished Ph.D. thesis, University of Newcastle Library.

(2) —— (1969). 'The validity of certain tests of over-inclusion'. *Brit. J. Psychiat.*, 115, 591–2.

PSYCHOTHERAPY WITH FAILURES OF PSYCHOANALYSIS

DEAR SIR,

The paper by M. Schmideberg (116: February, 1970, pp. 195–200) clarifies the question we should be asking when we embark on psychoanalysis or other long-term psychotherapeutic endeavours. The patients in such situations are chronic, or will become so during the course of prolonged therapy, and are suffering from some degree of defect or disability. It follows that the medical model for the rehabilitation of the chronic patient may thereby be applicable, and such principles as the development of motivation, the assisting of the patient in acquiring new skills in work or living, and the structuring of a program of graduated steps in the return to full functioning are to be considered in the treatment. The chronic patient, be he tubercular or neurasthenic, has much the same problem in finding his way back to full community participation.

If we accept this view that chronicity is one of the essential features of the patient commonly seen in long-term psychotherapy, we must then ask what is the contribution of psychotherapy to the rehabilitation of the chronic psychiatric patient? Rehabilitation is invariably a complex process involving many modalities, and a total program that will vary from phase to phase with the patient's progress through his rehabilitation. It follows, then, that psychotherapy as a total approach to the chronic patient cannot but be inadequate. The psychotherapist who sits in a room alone with the chronic patient and engages in a verbal exchange is of little assistance to the patient who needs practice in developing new life skills. The psychotherapist's consultation room is hardly an all-purpose laboratory for dealing with daily life problems. Furthermore, the passive-appearing psychotherapist is a particularly poor role model to the patient in his search for new and useful identifications. To the psychotherapy patient, the psychotherapist is the least active of workers. He appears to do nothing and to relate to no one. He does not appear to 'work'.

I would submit that when we have identified a chronic patient in need of psychiatric rehabilitation, such a program should *never* be limited to psychotherapy, and psychotherapy should always be combined with other rehabilitative techniques. For the chronic patient coming from the middle and upper social classes, the practice in verbal techniques afforded by psychotherapy is not usually the necessary element in his rehabilitation. Rather, participation in meaningful vocational and social situations is much more essential. In contrast, patients drawn from the lower classes may be defective in the verbal skills required and impartable from psychotherapy. Hence, we might conclude that psychotherapy is of more critical importance and potential value in relation to chronic patients drawn from the lower classes than to those from the upper and middle classes. This, of course, is in marked contrast to the practices and preferences of the psychotherapist as a practising professional.

Another consideration in the development of a program for the rehabilitation of the chronic psychiatric patient pertains to the use of the paraprofessional. This type of mental health technician or indigenous