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Correspondence

BEHAVIOUR THERAPY

DEAR SIR,

In their article on behaviour therapy (*Journal*, July 1965, p. 561) Marks and Gelder conclude that "in complex agoraphobias, behaviour therapy on the lines of graded practical re-training was not particularly useful". The authors make no distinction between agoraphobia and the "simple" phobias so far as underlying psychopathology is concerned; they state that together they form a "fairly clearly defined syndrome". Later in their paper they cast doubt on whether phobias, especially agoraphobia, are simple learned habits, but they do not consider the possibility that "agoraphobia" and simple phobias may be fundamentally different conditions.

The term agoraphobia (meaning literally fear of the market-place) was coined by Westphal in 1872 and popularized by Freud. At first Freud clearly recognized that the symptom occurred in the setting of anxiety neurosis (1), but subsequently, especially following the analysis of "Little Hans" (2), this fact was largely lost to sight and "agoraphobia" came to be regarded more as a defined psychiatric syndrome like the "simple" phobias. Perhaps, had Benedikt's term, Platzschwindel (dizziness in public places) (3), been preferred to "agoraphobia" this confusion might never have arisen.

The fact is that the term agoraphobia is a thoroughly bad one; not only does it lead to difficulties in distinction from true phobias, but it does little to describe the widespread fears of all situations of "insecurity" occurring in the setting of generalized free-floating anxiety. The intensity of the "agoraphobia" usually fluctuates with that of the underlying anxiety neurosis, and when a remission of the latter occurs the agoraphobia usually disappears as well.

It follows, then, that the only rational way to treat this symptom is to treat the underlying anxiety state itself, and that to even expect cure of "agoraphobia" by an approach directed only to the symptom is as illogical as to expect aspirin to cure appendicitis.

So far as the results collected by the authors in "other phobias" are concerned, the details recorded concerning treatment are far too meagre to enable the reader to concur with their pessimistic outlook as to the effectiveness of behaviour therapy. Apparently in this group Wolpe's recommended technique of desensitization by reciprocal inhibition of the phobia with deep mental and physical relaxation was not used at all. At any rate the authors only refer to "graded exposure to the feared situation", with no mention at all of measures taken to inhibit the anxiety. It is surely unfair to collect and publish results disparaging Wolpe's claims if his methods are not used.

The founders of behaviour therapy have almost certainly made overreaching claims in asserting that all neurotic symptoms are based on maladaptive learned responses. Drs. Marks and Gelder would seem now to be exposing the weaknesses of this claim. But it would be a pity if their paper discouraged other workers from experimenting with this mode of therapy in order to establish for what neurotic manifestations, properly applied, it may be the treatment of choice. My own experience leads me to believe that in the true phobias behaviour therapy can give results very much better than the authors imply.

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REFERENCES

1. FREUD, S. (1894). In *Collected Papers*, Vol. I. Int. Psychoanalytic Press, 1924, pp. 76–106.
2. FREUD, S. (1909). *Collected Papers*, Vol. III. London: Hogarth Press, 1925, pp. 149–288.
3. BENEDIKT, M. (1870). "Über Platzschwindel." *Allg. Wien. med. Ztg.*, 15, 488.

DEAR SIR,

The recent report by Marks and Gelder (*Journal*, July 1965, p. 561) of their controlled retrospective study of behaviour therapy raises several interesting points regarding methodology and conclusions. It also raises certain questions concerning evaluation and comment upon past work. My discussion will be short, as more extensive comments on many of these points are available elsewhere (Eysenck, 1964; Eysenck and Rachman, 1965).

(1) Marks and Gelder complain that "few published reports justify the claims which have been made for behaviour therapy. Most are of single cases, or of a few cases without controls." Unfortunately they do not quote the "considerable claims" which they say have been made for behaviour therapy; it is