

Correspondence

To the Editor:

Cognitive therapy of obsessive-compulsive disorder: treating treatment failures. *Behavioural Psychotherapy*, 1985, 13, 243–255.

I read Salkovskis and Warwick's paper of the above title with interest. They report a 33 year old woman who presented initially with obsessional fears of developing skin cancer who later became psychotically depressed and eventually improved after a cognitive-behavioural intervention.

Throughout the paper the authors appear to equate or confuse obsessional thinking with overvalued ideation. The woman's thoughts about developing skin cancer were regarded by her as senseless and were actively resisted, and are correctly described as obsessional thoughts. When she became psychotically depressed, her fears of developing cancer were more prominent and in addition she was convinced that she had become uglier.

The beliefs as related do not conform to the phenomenological description of overvalued ideas, which are understandable in terms of the person's personality and life experiences (Jaspers, 1946; Fish, 1967).

The authors incorrectly equate intrusive thoughts with overvalued ideation and confound the issue by using the term "overvalued obsessional idea". Both adjectives have quite different and contrasting phenomenological meanings. The conclusion that an "overvalued obsessional idea. . . may result from an episode of severe depression with delusions" is also erroneous. In the case described obsessional thoughts antedated the depressive psychosis.

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References

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- JASPERS, K. (1946) *Delusion and Awareness of Reality*, 7th Ed., translated 1963 by S. Hoenig and M. Hamilton, Manchester: Manchester University Press.