London, 1978). There are chapters in the former on Morality, Meditation and Wisdom. The latter is particularly helpful on The Four Noble Truths, also in conveying the Buddhist attitude of mind. Buddha taught often in parables. Many of these are to be found and explained in these texts.

Two Taoist collections or scriptures I favour are: *Tao Te Ching* by Lao Tsu; and *Inner Chapters* by Chuang Tsu, who probably lived in the 6th and 4th centuries BC respectively. Both have been translated by Gia-Fu Feng and Jane English in splendid editions (Vintage, New York, 1972. Also, Wildwood House, London, 1973 and 1974). Like the Byrom *Dhammapada*, these are large paperbacks, excellently illustrated with black and white photographs.

Another good and accessible translation of Tao Te Ching is that of Stephen Mitchell (Macmillan [hb] and Kylie Cathie [pb], London, 1989 and 1990).

> *"Fame or integrity: which is more important? Money or happiness: which is more valuable? Success or failure: which is more destructive?"* Lao Tsu.

The seven 'Inner Chapters' evoke cosmic harmony, the rhythm of nature and the rich interplay of humanity with poetic fables, generous humour, fantastic imagery and breathtaking insight, giving life to the philosophies of the *Book of Changes* and Lao Tsu's *Taosim*. One of these fables concludes, *"If a man whose body is strange can take care of himself, how much easier it is for a man with strange behaviour"*. Thought-provoking.

Readers who wish to take an interest in Zen, a perhaps austere or uncluttered branch of Buddhism, could do no better than to start with two short works by Eugen Herrigel, translated from German by R. F. C. Hull: *Zen in the Art of Archery* and *The Method of Zen* (Arkana, London, 1985 and 1988). From there one might try, *Zen Training (Methods and Philosophy)* by Katsuki Sekida (Weatherill, New York, 1975). *"Zen"*, writes Herrigel, *"Does not preach. It waits until people feel stifled and insecure, driven by a secret longing"*.

It could hardly be further from the stark simplicity of Zen to the rich complexity of Hindu mythology. Nevertheless in the *Upanishads*, translated by Juan Mascaró (Penguin Classics, 1965) and the *Bhagavad Gita* (The Song of God), we have Hindu scriptures of great antiquity whose authors appear to approach the same essentially indescribable ground or origin of wisdom. The translation of the Gita which I very much prefer is that by Christopher Isherwood and his guru, Swami Prabhavananda (Vedanta Press, California, 1944 – still available). This has a fine introduction by Aldous Huxley in which he draws parallels between the Gita and Buddhism, the Tao Te Ching, Platonic dialogues, the Gospels, Christian mystics and the Persian sufis. (I do not know why he omitted Marcus Aurelius.) It is worth reading for what Huxley writes on, 'The Perennial Philosophy', alone.

The *Bhagavad Gita* itself is a dialogue between God (in the form of Krishna) and Man (Arjuna). *"Who cares to seek for that perfect freedom? One man, perhaps, in many thousands". "Yes, Arjuna, the mind is restless, no doubt, and hard to subdue. But it can be brought under control by constant practice, and by the exercise of dispassion."*

These books are reasonably priced. Not all will be easy to find and purchase. Some may be borrowed, for example from The Buddhist Society (58 Eccleston Square, London SW1. Telephone: 071-834 5858) after becoming a member (£16 per annum; for which one also receives their quarterly journal). Many, alongside some curious and fascinating volumes on theosophy, astrology, magic, mysticism, mythology and so on, are stocked by – or can be ordered through – a shop patronised by C. G. Jung himself: Watkins Books (Cecil Court, Charing Cross Road, London WC2. Telephone: 071-836 2182).

Happy browsing! *Let Wisdom Guide.*

LARRY CULLIFORD

Aldrington House
Hove Community Mental Health Centre
Hove BN3 4AG

Psychiatric Bulletin (1991), **15**, 639–647

Correspondence

The education of psychiatrists: does a nurse have a role?

DEAR SIRS

. . . if so, I respond to Dr Jorsh (*Psychiatric Bulletin*, June 1991, **15**, 339–340).

A 'Branch Programme', which Dr Jorsh uses as his main information source, is only the latter half of a three-year course; the first being a 'Common Foundation Programme', which includes grounding in biological and social sciences. Much medical, as well as nursing, theory is deductive; i.e. it is derived

from other disciplines. As Dr Jorsh implies, many psychiatrists cannot feel wholly committed to a biomedical model, and draw on alternative theoretical sources. Nurses share this unease, and, like their medical colleagues, seek to discover, and understand first hand, a fitting conceptual basis for practice.

The terminology of descriptive psychopathology is useful and important. It is also limiting; and, as Dr Jorsh acknowledges, one must look further for a more complete approach. Nursing is now trying to establish theoretical models and conceptual frameworks; however, inductive theory, whether predictive or descriptive should, of course, be capable of testing for validity and usefulness. The long tradition for doing this in medicine is respected by nurses. Now they emulate it.

Professor Altshul, in the same address cited by Dr Jorsh, described nursing practice which, while outside some nursing theory, equally lay outside the medical model. Such good practice as the development of a trusting, therapeutic relationship, or the creation of a safe ward atmosphere, I suspect might also be valued by Dr Jorsh. If such skills cannot be learnt, then certainly psychiatric nurse education has erred, for their acquisition is a key goal of the teaching approaches being incorporated, from the 1982 RMN (Registered Mental Nurse) syllabus, into many 'Project 2000' mental health branch programmes. (I cannot answer for the single college he assumes to be representative.)

The Avon College of Health, Mental Health Branch Programme uses 'Mental Health and Illness' as one of the main themes of the course. Discussion of the classification of mental disorders and medical diagnosis is followed by developing understanding of different disorders and treatment approaches. This theme cohabits with others, with which there may be some healthy conflict, and a critical approach based on the evidence is encouraged. Practical experience includes attachment to individual clients, with supervision from multi-disciplinary key workers (which could include doctors). Formal teaching from psychiatrists may contribute to theory; however, the financial remuneration they command reduces their involvement to those topics not covered by internal lecturers.

Again, this is evidence from one establishment. I am also aware of approaches in other colleges: eclecticism, holism, and the identification of physical, psychological, social and spiritual needs as the basis for planned intervention, are common features. In order to be approved, any 'Project 2000' course must enable the student to attain the 'competencies' outlined in the amended Nurses Midwives and Health Visitors Act. All of them apply to "sickness and health", and include "The ability to function in a team, and participate in the multi-professional approach'.

I hope this adds balance (not 'dogmatism') to a debate about a relationship which I hope will survive even Project 2000!

JOHN W. RAWLINSON
Nurse Tutor (Mental Health)
Avon College of Health
Department of Nursing Education
Glenside Centre
c/o Glenside Hospital
Blackberry Hill, Bristol BS16 1DD

This is a shortened version of a longer response.

DEAR SIRS

I am very pleased to note that The Avon College of Health appears to be teaching some form of descriptive psychopathology. However, the form that this takes remains unclear. I must confess that I may have been somewhat confused by the jargon in the letter, the use of which supports, rather than refutes, my argument. I note that Mr Rawlinson wrote to add balance (not 'dogmatism') to the debate, but has been unable to expand upon his argument because of the very terms by which he appears to be constrained. I therefore find very little in the letter which causes me to stray from the opinions expressed in the article.

In the interests of balance, I must add that since the publication of the said article, I have been invited to sit as medical representative on the Curriculum Committee of the psychiatric section of the North Staffordshire College of Nursing and Midwifery. With time, the implications of this will become known.

MICHAEL S. JORSH
University of Keele and
St Edward's Hospital, Cheddleton

Mental Health Review Tribunals

DEAR SIRS

I can understand the reasons for Dr West's concern about legal representation at Tribunal hearings (*Psychiatric Bulletin*, June 1991, **15**, 372), but would suggest that he is in error on two points. I am assuming that he is referring in the main to Section 2 cases, but he does not say so.

First, as to fact; MHRTs were not conceived as he suggests, in 1983, but were introduced under the 1959 Act as a replacement for the system of independent intervention through the magistracy under the old lunacy legislation.

Second, as to intention. Tribunals are charged with *reviewing* the need for a patient's continued detention and to this end the latter's own views and attitudes are crucial to this process. Many patients are not only inarticulate but sometimes quite disturbed by a Tribunal appearance, however informal

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