group, feel that his account of the conference does less than justice to its constructive aspects and to the speakers who, alive to the complex issues, strove to present their own approach boldly to provoke discussion.

We were astonished to read, 'The conference was singularly without overt controversy until at one point . . .' Our memory of the small group discussion was that of lively heated countering of the repeated assertion that the conference was riven by a polarity between psychoanalysis and scientific pragmatism.

The idea that psychoanalysis and scientific pragmatism are antithetical and compulsively locked in a mutually envious struggle, which is the basic assumption, is an antiquated one which need no longer be retained (even by some august figures who appear still to need to maintain the split to buttress their own identity). Will's[1,2] concepts of levels of generative mechanism backed by a philosophy of transcendental realism allow the mental mechanisms of the internal world to be open to scientific status as testable hypotheses and to rest separately but comfortably with the falsifiable hypotheses of the empirical realist set in the external world. The idea that both analysis and empiricism are necessarily unbalanced is false. The psychoanalyst can contain in a feminine way and create order by the scientific testing of his hypotheses via interpretation in a masculine way. The empirical realist needs feminine intuition to create hypothesis which he then studies with the masculine falsifiability trial. Certainly cross-fertilisation from empiricism to psychoanalysis and vice versa can occur but is not absolutely necessary for the growth of either.

In trying to understand the need of a basic assumption of a split between analysis and scientific pragmatism, we would like to take up the proffered but not fully worked out allusion to Oscar Wilde together with the misunderstanding of Dr Sandra Grant's comments on perversion and offer an interpretation of the dynamics involved. As MacDougall points out,[3] the basis of perversion is the inability to internally hold on to the good penis in good intercourse. The result is that what was abolished internally returns from without, but in a persecutory fashion. There is then the compulsion to escape from the genital world of father's ordered universe into a world of chaos and hybridisation.[4] The perversion thus rests on the disavowal of the legitimate source of knowledge introjected as a good object.

All this relates to our small group discussion about introjection of one's analyst or personal therapist, and the internal emptiness which the lack of such introjection may lead to. The position reached may be the tramp-like situation quoted from Dr Rosen's paper, where there is dependence on soup without proper acknowledgement of the source. This leads on to the further concern that introjection of one's source as an object leads to the creation of an internal ideology (religion). We would agree this is a potential difficulty. Rubens[5] has pointed out that the introjection of the good object/person is necessary for growth in structure which in turn will allow the freedom from anxiety that Dr Steiner talks about. Although there is a danger of idealisation, the process can also lead, because of the reduction in anxiety, to an increased ability to think freely, which can lead then to the lysis of any idealisation. The trainee is then able to assume a freedom of hypothesis within the structure of acknowledgement of good sources.

Our overall view is that the account of the conference in its insistence upon the envious split actually spoiled the goodness that was there and our motive for writing lies in the anxiety that psychiatrists and trainees take this split to be a real and irradicable one. The subtitle is 'A Wilde Analysis of Hamlet'. The ending of the story of the *Nightingale and the Rose* is typical of Wilde's perversion. He could not, of course, ever allow good intercourse between the student and the professor's daughter but in his envy had to keep them forever apart.

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DEAR SIRS

I read Dr Davies' 'personal observations' of the Second AUTP Conference (*Bulletin*, September 1985, **9**, 174–176) with great interest. In my view his treatment of his subject matter represents an approach based on what he himself labels the 'analytical stance'.

The sketches of the conference themselves demonstrate the 'perennial dilemma' of the social sciences between 'understanding' (*Verstehen*) and 'explanation' (*Erklaren*) and also the ever present ambiguity surrounding the meaning of 'facts' inferred by observers, participant or otherwise. Without intending to question the validity of Dr Davies' observations, I wish to express my belief that different observers could have given different descriptions of the events of the conference. Stating that Glyn Bennett was attacked is one possible inference. Another inference, and one based on a lower level of abstraction, would be to state that a number of individuals representing some contrasting theoretical (existential?) positions were expressing marked disagreements with Dr Bennett's views.

To further highlight this basic difficulty in establishing the 'facts' I turn to Dr Davies' judgement that Dr Steiner believes what he understands in terms of his theory to be 'literally true'. I wonder if the very same judgement may not be levelled against Dr Davies himself. Was his statement 'It was Bennett who was the perfect scapegoat for the

frustrated aggression of both approaches' only a hypothesis? Is scapegoating a 'fact' or is it a fiction or is it one possible way of structuring experience?

In my view one of the 'facts' is that once some area of experience is cognitively structured by more personal or by more collective theories the previously empty and lifeless concepts ('just words') become filled with and surrounded by living experience they express and communicate (meanings). Without these living structures no theory of human behaviour and experience can be seen to be of any value. But once links are formed only with constant efforts can one allow the emergence of new or different links and of new or more appropriate structures. 'Change' is always difficult and not only for people labelled patients, or for people with established ideologies. Theories link with one's sense of identity in more or less flexible ways. In my experience views thriving in different soils or on distant lands are less likely to clash than those with shared territories. Furthermore, an individual openly following a path not prescribed by the group inevitably evokes anxieties relating to group identities and is bound to represent a threat. In making these statements I believe I am offering an 'explanation' to Dr Davies' 'understanding' in regard to the 'scapegoating' at the Conference.

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College Approval Visits

DEAR SIRS

The College has recently been to our hospital to decide whether the present rotating scheme for registrars in psychiatry is suitable for approval for the purposes of the MRCPsych exam, and it seems that it has got itself into quite a dilemma.

The formation of complex rotations is encouraged by the College in order to broaden the experience of the trainee, but the problem then arises that approval of the rotation automatically approves every job within the hospitals concerned with those rotations. All this is done on the basis of a justification which is the very byword of the over-involved parent: 'We must make sure we get the best for our trainees'. As a trainee I found it all rather insulting. I do not believe it is the College's job to ensure that I have a balanced diet of various sub-specialties so that I will grow into a big and strong psychiatrist.

It would be simpler if each post was labelled by how much time the College felt could be usefully spent in that post in order to gain the experience necessary before taking the MRCPsych. Thus a non-rotating registrar in a psychiatry post in a good hospital could be worth twelve months towards the necessary three years. Jobs at an SHO level or jobs in mental handicap or child psychiatry could be worth six months, and so on. Thus it would be up to the hospitals if they wanted to attract good candidates to tie together packages which added up to a full three years' useful experience. There would be no need for rules to compel people to leave after the end of their approved year but further time spent in the same job would not be counted towards the necessary three years' experience before taking the MRCPsych. Trainees could then move or stay as they wish and the poor hospitals with bad facilities would die as a result of natural selection rather than this rather false selected breeding programme which the College continues at enormous expense.

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Management training for SHOs and registrars

DEAR SIRS

Earlier this year the *Bulletin* (April 1985, **9**, 84–85) published the College Report of the Working Party on Management Training. This advocated the provision of such training, particularly for senior registrars and newly appointed consultants. I would like to outline an initiative taken last year at this hospital to introduce the subject to SHOs and registrars on the local rotational training scheme in psychiatry.

With the support and encouragement of the then Chairman of the Division of Psychiatry and the Academic Tutor, five seminars were held at monthly intervals within the framework of the existing teaching programme. The two-hour sessions were conducted by a senior lecturer from the Centre for Health Services Management, Leicester Polytechnic, and were funded by the district health authority. The topics covered were: the history, background, objectives and developments of the NHS; the conduct of meetings—the role of the chairman and individual participation; making a case for resources through the appropriate channels; negotiating in a professional setting and influencing others; and day-to-day practical management.

The sessions involved the active participation of trainees and were universally felt to be not only challenging and informative but unexpectedly enjoyable. The course did not set out to provide a fully comprehensive look at management, but it gave valuable insight into an area not previously included in the teaching programme. We had the opportunity to acquire experience at a relatively early stage which could hopefully then be consolidated during our career progression.

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If at first you don't succeed . . .

DEAR SIRS

We found Drs El-Sobky and O'Grady's 'disappointment' (*Bulletin*, September 1985, **9**, 181–182) with 'an