talized, centralized and medicalized, to allow a gradual transfer to a more social and community orientated multidisciplinary approach for psychiatric treatment. One possible option would be to designate a proportion of existing psychiatrists interested in a community-orientated approach to act as front-runners for a limited period of time to facilitate the necessary changes towards community care, working in close partnership with area health planners and policy makers much as community medicine specialists do in their field.

I do not think we can possibly achieve the sort of co-ordinated services that will be required to cope with psychiatric problems in the community without a great deal of preparatory ground work and good will from the psychiatric profession. Apart from our specialist function, we probably have a part to play in establishing good working relationships with the many agencies involved and in the setting up of interdisciplinary liaison meetings. However, in the course of such community work, assumptions about the doctor always having authority over other workers may need to be questioned. The whole balance of responsibility, accountability and priorities may well be very different within the community team as opposed to a hospital based team.

I believe such changes cannot be produced by paper directives alone, and that very positive action and energy will have to be extended to effect this new approach to psychiatric management. Hence, it is my belief that we should designate community psychiatric specialists, even if temporarily, to help facilitate and discriminate positively towards the concept of community care. Psychiatrists currently working in the traditional model usually have neither the time, energy nor motivation to leave their busy work roles and establish new footings in the community. If community care is to work, it must not be left to develop by chance or by fault.

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Part-time posts in psychiatry

DEAR SIRS

I was interested to read R. Toms' article about part-time training in psychiatry (*Bulletin*, June 1984, **8**, 104–106). I trained part-time, starting in 1974 when both my children were at school, and I share with her many of the difficulties that she experienced; waiting endlessly for job approval and finance, grappling with an unfamiliar exam format and coping with the problems of being tied to a geographical base. I started in the local psychiatric hospital and after four years was seconded to the academic centre 40 miles away for one year. Once I passed the Membership and gained a senior registrar appointment the Joint Committee on Higher Psychiatric Training requirements were that I should spend all my time at the academic centre, thus adding three hours' travelling time to each working day. I had found a limited year's secondment manageable, but the prospect of four or more years as a senior registrar making this journey filled me with dismay. However, I persisted and, in order to hurry along the time that I might consider myself qualified enough to apply for a consultant post, did some locum part-time consultant work in my own area.

After about a year of this routine my husband's job moved south, and we decided it was easier for me to apply for a consultant post than renegotiate with a new Regional Health Authority about continuing part-time senior registrar training. We had also decided that I would not move house again so could undertake the long-term commitment which I felt was necessary to a consultant post. Fortunately for all of us, jobs became available in areas convenient to the family, and I applied and was appointed to my present post. At each interview (I attended two) my training was fully discussed by the College representative on the interviewing board. The rest of the interview probably followed much the same format as for other candidates, except that my commitment to psychiatry was questioned.

I felt that the rigours of part-time training were such that only the very committed would survive them! I think it is for this reason that I write, to warn other candidates who move from part-time to full-time jobs that this may be what they face. Perhaps, if I had continued to work in my own area where I was known, there would have been no question about my commitment and it may only be that I moved into a new Health Authority that this occurred. However, it is quite common for consultants to divide their time between establishments—private or NHS practice; clinical and academic work—they are effectively working part-time in various areas and I find it difficult to understand why women who choose to divide their time between work and home cannot be regarded in the same way. In a society that is moving towards a shorter working week there may be much that the medical profession can learn from part-timers.

On reflection, two aspects of my part-time training stand out. Firstly, the difficulties associated with being tied to a geographical base, the limitation of opportunities, amount of time spent travelling and the sense of isolation; and secondly, the enormous amount of support and encouragement I received throughout from a small group of local and regional administrators and colleagues from senior house officer to professor, but particularly other part-timers.

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Must psychoanalysis be scientific?

DEAR SIRS

Dr King's thoughtful article, 'Must Psychoanalysis be Scientific?' (*Bulletin*, August 1984, **8**, 152–54), arrived at the rather tentative conclusion that psychoanalysis, and similar attempts to understand the mind, should not be rejected because they are unscientific. Nobody is likely to dispute this as a proposition standing on its own, but perhaps one should go on to consider the next question: in what way should systems of thought like

this be used? As Dr King himself obliquely points out, their use to promote pseudo-religious fervour is unlikely to be helpful by itself, though it may be a necessary stage in providing the motivation needed to employ the ideas at all.

The main objection to rejecting scientific methods seems to lie in the fact that science is the only system known to promote the continuous development of understanding of the real world, however hesitant and gradual such progress may be. Systems dealing with entirely abstract matters (e.g. mathematics or legal coda) have shown progress similar to that of the sciences, but mind is not an abstraction analagous to mathematics as all of us know from our every-day experience. Psychoanalysis is more like an art, and arts, of course, flourish and fail as fashions change or schools of creative people assemble and disperse. Thus it seems likely that, without a scientific component, psychoanalysis would be as elegant and as useless to patients or the advancement of knowledge as a Byzantine mosaic.

It is untrue to claim that science cannot be applied to the study of mental phenomena simply because we do not know what these phenomena really are. Physicists do not know what electrons really are, but this has not prevented the growth of their understanding. Two scientific approaches to psychoanalysis are possible and have been tried. The first is to measure the consequences of applying psychoanalytic treatment to patients. The second is to use it to generate refutable hypotheses. In so far as the first approach has been adequately tried, results have suggested that psychoanalysis does not produce better results than treatment based on other systems of thought; indeed, cognitive therapy may often be more effective. The second approach is more difficult since psychoanalysis is so extremely diffuse, but most individual predictions that have been derived from it have either not been fulfilled or have been equally well explained on other bases. Although the matter has not been fully resolved, it looks as though psychoanalysis, however enticing it may appear, is neither particularly true nor particularly useful. One might wish to keep it in the same spirit as one might wish to keep a medieval bestiary, but it seems perverse to look for reasons to treat it as analogous to a valid textbook on zoology.

Dr King suggests that a main reason for thinking it useful is that psychoanalysis helps the advancement of knowledge because 'it emphasizes the full personal involvement of the mind of the investigator'. Yet scientists frequently write about the relationship between the personality of colleagues and their ideas (see Freeman Dyson's autobiography, some of C. P. Snow's books or many of the writings on Newton), while it is a fundamental principle of physics that you cannot measure anything without affecting it. It is doubtful that scientists need help to become aware of relationships between themselves and their work. Even if they do, it would be better if the awareness were aided by a demonstrably true theory.

There is after all, so much that needs to be done. We are only taking the first steps towards the adequate study of mind, so it is not surprising that we do not yet know very much. When one wishes to map a new area of knowledge, proper survey instruments are necessary in addition to one's own eyes and mind, and these are only at the earliest stages of development in our discipline. Yet they exist. For example, the combination of monoamine theory and biochemical assays has advanced knowledge of depression to a minor but real extent. Neuro-anatomy and nuclear magnetic resonance (NMR) or the newer EEG techniques may prove useful in understanding the psychoses. In psychotherapy, perhaps cognitive psychology and computerized repertory grid analysis might be a useful combination. With so many new fields to conquer, why waste time on nostalgia?

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Expatriate stress and breakdown

Dear Sirs

As a British psychiatrist now living in the United States, I was particularly interested in the article by Drs Lipsedge and Caplan on 'Expatriate Stress and Breakdown' (*Bulletin*, May 1984, **8**, 86–87). Since I have certainly experienced the stress, although fortunately so far avoided the breakdown, I have a number of comments to make.

Firstly, I think it matters how long the expatriate remains overseas. As the US Internal Revenue Service quaintly phrased it when determining what taxes I should pay, there is a difference between being a 'resident' and a 'sojourner'. A sojourner is someone who is temporarily living in a foreign country but who regards their home as in their country of origin. Having lived in a number of different countries for short periods, I think that sojourning is much less stressful than becoming a resident, as one does not have to come to grips with many of the differences between Britain and the host country. However, I think that this is only possible for stays of perhaps up to one year; anything longer than that requires the person to adapt to the new culture.

Dr Caplan's suggestion of determining the person's previous coping abilities before sending them abroad sounds sensible but the problem is that I do not know of any life experience comparable to emigrating. The closest, in my opinion, was going away to university and even then I was still in my own country surrounded by many people in a similar situation. On the other hand, I would consider it most unwise to send abroad someone who has a history of psychiatric illness. There is no doubt that becoming an expatriate is stressful and that psychiatric disorders may recur under stress.

Ms Harris' comments on the vulnerability of women are interesting. I recently did a literature review on the psychological aspects of emigrating, and to my chagrin I found that expatriate women do less well psychologically than the men. My favourite explanation for this finding is that these studies were done in the days when the husband determined where a couple should live and his wife was expected to accompany him, regardless of her own feelings in the matter. However, I should also acknowledge that perhaps women are more