

noted were: (1) awareness of, and contact with different professional roles; (2) knowledge and experience of group processes; and (3) self-awareness. A majority of participants felt that the groups should continue.

The project revealed an openness to questioning the *status quo* of relationships within the hospital, which was in contrast to the more general acceptance of institutional and hierarchical patterns of behaviour. It was felt to be a loss

that no consultant psychiatrist (other than the one leader) participated, that nursing staff were not well represented, and that administrative staff were not included. Although the study had no pretensions of changing the functioning of the hospital, we believe that in some respects staff relationships improved (e.g. the long-standing nursing-OT controversy). Whether this bears any causal link with the project is not clear.

Reviews

Behaviour Modification (1980): Report of a Joint Working Party to formulate Ethical Guidelines for the Conduct of Programmes of Behaviour Modification in the National Health Service. 1980. HMSO. £3.30.

This report, which could conveniently be termed the Zangwill Report, since the working party was chaired by Professor O. L. Zangwill, is described as a 'Consultative Document with Suggested Guidelines'. It is published jointly by the Royal College of Psychiatrists, the Royal College of Nursing and the British Psychological Society, and is based on the work of a multidisciplinary group, 16 strong, who conducted a nationwide survey, visited seven hospitals and received written or oral evidence from a comprehensive list of organizations and individuals involved in the field. The working party was originally set up at the request of Sir Keith Joseph, when he was Secretary of State for Social Services and has a short, polite foreword by Patrick Jenkin. With this prestigious background it requires careful explanation to account for the fact that on the whole this is a disappointing piece of work.

The most obvious reason is that it is out of date. The working party first met on 12 March 1974, started their survey two months later, and made their visits in April 1975. It is not clear why it has taken over five years since then for their findings to be published; this excessive delay is particularly unfortunate in the field of behaviour modification. Recent developments and changes in approach make much of the working party's discussion of historical interest only. Thus, considerable attention is paid to traditional aversion therapy which is nowadays scarcely ever used. When it is, the aversive stimuli are invariably self-administered, thus completely under the patient's control. From the ethical point of view, this poses few, if any, of the problems of the traditional treatment which was modelled on the work done on Pavlov's unfortunate dogs. Likewise, much of the report is concerned with token economies and in particular the ethical implications of controlling rewards, such as money, cigarettes, and freedom of movement which may be considered a basic part of any patient's rights. Again, the enthusiasm for strictly-run token economies has waned,

largely because of lack of experimental evidence to support their efficacy. Social reinforcement, high levels of staff-patient interaction and ignoring unwanted behaviour are likely to be the ingredients of an up-to-date operant programme. In 1981 political and financial difficulties dwarf any ethical dilemmas involved in running such systems. There is little point in agonizing about the ethics of a treatment programme, if you cannot afford to employ the staff to run the ward at more than a level of basic containment. The report admits that in many parts of the country 'basic rights barely reach acceptable standards'. Surely this, rather than the misplaced enthusiasm of a handful of poorly trained staff, is the real scandal that we need to tackle.

The second point to be aware of is that the working party chose to concentrate on behaviour modification applied to groups as its principal concern. In other words, their arguments largely concern operant programmes for chronic psychosis and the mentally handicapped. Most behavioural psychotherapists spend the bulk of their time in the out-patient treatment of neuroses, a style of work which involves different ethical issues. Since many non-specialists are unaware of the wide range of different 'behavioural' treatments, there is a danger that attempts may be made to extrapolate the conclusions of this report, which concerns a narrow, idiosyncratic form of treatment to a much wider field—the equivalent of extending the findings of the Committee on Review of Medicines concerning minor tranquilizers to the whole range of psycho-active drugs.

Next, although mentioned in passing, the working party fails to show why the ethical issues posed by behaviour modification are in need of more urgent, special, study than similar issues in any other areas of psychotherapy or psychiatry. What about the ethical implications of ward groups run by staff with little training and even less supervision, in which mysterious 'interpretations' or hurtful confrontations are imposed upon the patients without the consent of either the patients or their relatives? Similarly, if, as the report quite reasonably recommends, it is desirable that behaviour modification should be explicit and open to public scrutiny, is it not equally important to apply the same criteria to psychoanalysis?

Finally, there is a disproportionate preoccupation in the discussion of the possibility of setting up 'Behaviour Modification Review Committees' at Regional Health Authority level. Despite a powerful note of dissent by one of the working party, and despite the fact that two of the parent bodies opposed the suggestion and the third saw it merely as 'an area for further discussion', the report spends 5 of its 35 pages describing and elaborating the proposal. The tone of this part of the report indicates that it was only with great reluctance that the prospect of a statutory controlling body was dropped from the final recommendations. To suggest a proliferation of committees and control bodies may have reflected the prevailing atmosphere in 1975 when a cynic might observe that the main function of working parties was to give birth to more unnecessary, even harmful, administrative bodies. In this case, unnecessary because all those responsible for behaviour modification programmes, doctors, nurses and psychologists, are adequately controlled by the ethical codes of their respective professional bodies. Possibly harmful because if such Review Bodies took as long to approve projects, as did this working party to publish its report, the development of an important new therapeutic area would be stifled by bureaucracy.

Faced with these major objections, it would be easy to overlook the valuable side of this document. The questionnaire provides useful data. For example, it reveals that over half the 115 hospitals which responded used behaviour therapy with patients, though only *one in fourteen* had clearly defined training schemes. Dr Seager, in his note of dissent, makes the point that an internal code of ethics, that is one that has been thoroughly absorbed through proper training, is much more likely to be effective than an external set of rules or system of policing. The report recognizes that attendance at a couple of seminars or a one-off weekend workshop can in no way be considered proper training,

though the results of the questionnaire indicated that many senior hospital staff are under the misapprehension that this is all that is required. It goes on to support strongly the need for an ongoing training course, which would involve both theoretical instruction and practical work supervision. Trainees need to be skilled not only in methods of treatment but also in the clear formulation of treatment aims and in the ways of measuring and evaluating results.

The report supports the JCHPT recommendation for more specialist training in behavioural methods for both general psychiatrists and specialist psychotherapists. It recognizes that a sound knowledge of behavioural methods is an integral part of the skills which should be acquired during a balanced training of any psychiatrist.

It supports the proposal that more behaviourally oriented psychiatrists be appointed to the staff of university departments of psychiatry. Since only two such posts exist in England and Wales at present, there are strong grounds for pursuing this proposal energetically.

Finally, the report comments on the high standard of excellence achieved by nurse therapist training schemes, such as that now well established at the Maudsley Hospital. The output may be 'extremely small' as stated in the report (three schools have produced about 50 over the last 10 years), but the quality of these trainees has meant that their impact has been much greater than would be expected from a mere head count.

In conclusion, the thought and hard work that has gone into this report is obvious. Read cursorily, there is a real danger that it will confuse and mislead. Read carefully, it is to be hoped that it will provide a stimulus to improving training, though not to unnecessary control.

JOHN COBB

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Forthcoming Events

'Disorders of Eating' is the theme of a seminar to be held at The Priory Hospital on 4 June 1981. Dr Hubert Lacey (St George's Hospital) will talk on compulsive eating and setting up an anorexia nervosa programme, and Dr Desmond Kelly will speak on the treatment of anorexia nervosa. Information: Dr Desmond Kelly, The Priory Hospital, Priory Lane, London SW15 5JJ.

The Summer term of lectures and seminars at the **Post-graduate Centre in Psychiatry, Morgannwg Hospital** will run from 8 May to 3 July 1981. Information: Dr Marshall W. Annear, Morgannwg Hospital, Bridgend, Mid Glamorgan, CF31 4LN.

The **Association for the Psychiatric Study of the Adolescent (APSA)** will be holding a study conference at Madeley Polytechnic, near Crewe, from 10 to 12 July 1981. The theme will be 'The Adolescent: Dimensions of Understanding'. Information: John Lampen, Shotton Hall School, Harmer Hill, nr Shrewsbury SY4 3DW.

The **5th European Symposium on Group Analysis** will be held in Rome from 30 August to 5 September 1981. The theme will be 'Aspects of Resistance in Group Analysis'. Information: Dr Fabrizio Napolitani, Viale Parioli 90, 00197 Rome or the Honorary Secretary, Group Analytic Society, 1 Bickenhall Mansions, Bickenhall Street, London W1H 3LF.