

Reviews

Teaching Psychotherapy in Contemporary Psychiatric Residency Training. Formulated by The Committee on Therapy of the Group for the Advancement of Psychiatry (GAP). Report Number 120. New York: Brunner/Mazel. Pp 56. \$9.95. 1987.

It is often said that the happenings of today in the USA are the tomorrows of the UK. In the 40 well-written pages of this booklet produced by the Group for the Advancement of Psychiatry, an analogous organisation to our Society of Clinical Psychiatrists, a counter-process is depicted. Here, the last 15 years have seen the establishment of psychotherapy units in most teaching centres and a substantial increase in psychotherapy training which, generally, has been welcomed by the young psychiatrists of the 1980s. As I see it, the British antagonism to subjective experience has yielded somewhat and psychotherapy is beginning to gain some of its natural importance in psychiatry. Over there in contrast, the commanding heights of the psychiatric establishment, once possessed by respected psychoanalysts, have been taken by psychopharmacologists and social interventionists, thus establishing a new order to be admired and emulated.

American psychiatry faces a crisis in identity. More effective medical treatments, a greater concern with disordered social systems, competition from the many non-medical psychotherapists and the increasingly stringent reimbursement policies of the Government and insurance agencies have led some psychiatrists to propose a narrow definition of the speciality, limited to disorders which can be comfortably accommodated within the medical disease model and in which psychotherapy would be hived off to other professions. The authors of the report do not subscribe to this position and make a number of modest, positive proposals.

Psychotherapy training during the residency years has three functions. Firstly, to teach a set of skills based on a body of knowledge which are fundamental to understanding and dealing with distressed people. Secondly, to consolidate these skills through the practice of psychotherapy. And, thirdly, to facilitate the acquisition of a set of attitudes that include being ready to attend to the many means by which an individual communicates and the levels of meaning that can be comprehended, to be non-judgemental, to use one's own emotional responses as sensitive diagnostic tools and to consider the patient as a whole person.

The form of psychotherapy training has to move with the times. It has to recognise that psychotherapy may no longer be the career choice of the resident or be practised in pure culture. Functioning as a member of the multi-disciplinary team, the resident needs practical assistance with the narcissistic and borderline patients that he is now expected to treat. The report argues for a climate of respect in which justice is done to the pluralism that is psychiatry to-day. A thorough grounding in the science of psychodynamics is

basic; didactic presentations should be accompanied by clinical examples of live interviews or video-recordings. Special attention should be given to applying psychodynamic understanding to non-dynamic modalities of treatment, both biological and behavioural, and to elucidating non-dynamic factors in dynamic treatment. Experience in brief and supportive psychotherapy is essential. Experienced supervisors who are comfortable with a broad range of psychotherapies are to be preferred; hospital case-conferences should be structured to bring out the complementary nature of psychodynamic and biological approaches to treatment. I was impressed by the constructive tone of the report and recommend it to all those charged with organising training.

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The Rights of Mentally Ill People: MRG Report No. 74 by Chris Heginbotham. Obtainable from the Minority Rights Group, 29 Craven Street, London WC2N 5NT. Pp 13. £1.80, plus 20% postage and packing. 1987.

This pamphlet, written by Chris Heginbotham, the National Director of MIND, deals with psychiatric illness in relation to the protection of the rights of this patient group. Interestingly, it is number 74 in a series published by the Minority Rights Group whose previous titles have dealt with virtually every ethnic minority worldwide and which has otherwise only previously ventured into discussing minority aspects of feminism and a tract on genocide.

As a clinical psychiatrist I had hitherto considered that I am a doctor specialising in a field of medicine, much like a cardiologist or gastroenterologist. However the mentally ill are also firmly within the orbit of the anti-discrimination lobby alongside other discriminated minority groups.

In nine closely typed pages, eight if you exclude the United Nations Declaration of Human Rights, he discusses a series of global issues relating to a loss of rights in relation to psychiatry. After sketching out the magnitude of the problem of mental illness he has devised a nine point Code of Rights as a universal yardstick; this code attempts to protect mentally ill patients from abuse but unfortunately also makes it more difficult to admit to hospital on a compulsory basis for essential treatment. Heginbotham then discusses the definition and classification of psychiatric illness. Considering that this pamphlet is designed for a lay readership, it is regrettable that he does not describe the various types of mental illness, including a differentiation between neurosis and psychosis. He therefore tends to deal with all psychiatric illness in a unitary fashion. He is critical of the dominant role of medical concepts in classifying mental illness and attributes many of the problems, particularly that of poor legislation, to this fact. He clearly does not concede that the medical model embraces psychosocial factors as well as biological and genetic ones and that the psychiatrist is the only member of the multi-disciplinary team who is trained in all of these areas.