

Correspondence

Letters for publication in the Correspondence columns should be addressed to:
The Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG

PSYCHIATRIC CASE-WRITING

DEAR SIR,

Kiernan, McCreadie and Flanagan (*Journal*, August 1976, 129, 167), believe that the 'essence of healing is the detailed and intimate knowledge of psychopathology' and consequently they are saddened by the poor quality of case-history taking by junior medical staff. I was not previously aware that *knowledge* was the essence of healing. It would seem to me that it is not the possession of this knowledge of psychopathology but what the healer does with it when he has obtained it that is important to the essence of healing.

Consultants who insist on complete and detailed case-histories have ward rounds which may develop into inquests. The luckless junior doctor fears the embarrassment of being seen to have failed to gather some piece of information. Consequently his working day is spent in information-gathering so that when the weekly round comes about he can sit comfortably at ease. He finds his professional week becomes a matter of being one jump ahead of the consultant rather than spending the time with the patients letting them talk.

I have gained the impression that the consultant, although requiring detailed knowledge of the psychopathology, is no more able to make use of it psychotherapeutically when he has gained it than are his juniors. Could it be that his insistence on detailed knowledge is a smoke-screen to hide this inadequacy? For after all, if the case presentations are long enough, there is not much time left to discuss treatment.

Are Drs Kiernan, McCreadie and Flanagan concerned about the ongoing *outcome* of the patients, whose detailed case-histories they so laboriously require from their juniors? Have they performed any outcome studies on their patients? If so, have they been able to show that the improvement was due to a detailed knowledge of their psychopathology rather than to the Valium, the Modecate, the lithium, the ECT, etc? Or maybe, it was due to the healing essence of a junior doctor who was more concerned about, say, conjoint psychotherapy with married couples or developing a therapeutic peer-relationship with a disturbed adolescent? This activity takes much time and interferes with information gathering.

I feel that Drs Kiernan, McCreadie and Flanagan 'tithe mint rue and cummin' in their psychopathology information-gathering and 'neglect the weightier matters of the law' in the assessment of therapeutic outcome for different patients and for different psychotherapeutic techniques.

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RESEARCH IN PSYCHOTHERAPY

DEAR SIR,

The Medical Research Council's Neurosciences Board wish to encourage more research into the various forms of treatment of the neuroses, with special emphasis on psychotherapy. They invite applications for research in this area. The submission of proposals in short draft form (1 to 2 pages) is requested in the first place. Scientifically promising proposals will then be singled out and the applicants invited, without commitment, to submit a formal programme or project grant application for full scientific assessment in the usual way.

The scope of the term 'psychotherapy' is wide, and for this purpose is intended to exclude proposals limited purely to behaviour therapy, because a good deal of work on this aspect is already being supported by the Council. While the main concern should be with forms of psychotherapy (group or individual) as practised within the NHS, the field need not be so narrowly confined as to exclude other proposals. Applications may cover work by non-medically qualified or medically qualified personnel.

The following suggestions are intended as a guide only, and applicants need not be deterred if their proposals do not fall within the following areas of research:

1. Decision-making by GPs and others as regards referral of patients for psychotherapy. This covers both the social networks involved and the psychosocial changes within patients that may occur during the process of referral.
2. Studies of the 'process' (in its wider sense) of psychotherapy and of the outcome of such intervention.