

Conference briefings

Inaugural meeting of the special interest group in women and psychiatry

This meeting was held on 22 January 1996, during the Winter Meeting of the Royal College of Psychiatrists in Stratford-upon-Avon. Approximately 40 delegates attended from a wide variety of backgrounds in psychiatry. Psychiatrists in the training grades and in consultant posts were equally represented. The presence of a small number of male psychiatrists was particularly pleasing.

The meeting started with a short introduction by Professor Thompson on the main objectives of a Special Interest Group. A Chairman was elected by the members present to chair the group and to arrange subsequent meetings.

A short discussion followed on the scope and remit of future meetings. The issues addressed fell under the two broad topics of the careers of women psychiatrists and mental illness in women. The improvement of working conditions for women psychiatrists was seen as important against the background of a national shortage of psychiatrists. Various practical suggestions were made, such as the provision of specialised careers advice and the promotion of flexible working, including the possibility of the Group maintaining a job-share register. Other related issues discussed were the low representation of women psychiatrists in senior positions both in clinical and academic psychiatry and within the College. Future meetings are planned to discuss these issues further. We hope that as most of these issues have serious implications for service provision and recruitment, that the Group's remit will not be seen as addressing a peripheral issue of 'women's problems' but rather bring those issues into the sphere of mainstream psychiatry. The involvement of male psychiatrists in the Group will therefore be warmly welcomed.

Reference

THOMPSON, C. (1996) How the College works. *Psychiatric Bulletin*, **20**, 185–187.

Anne Cremona, *Chairman, Special Interest Group for Women in Psychiatry*

International conference on philosophy and mental health

The Special Interest Group in Philosophy held its annual residential meeting in conjunction with the US-based Association for the Advancement of

Philosophy and Psychiatry in Malaga, Spain, from 28 February to 2 March 1996. Altogether there were 116 delegates from 18 different countries across the world, including the former Soviet bloc (Russia and Romania), the Far East (Japan) and South America (Chile and Brazil).

Although all presentations were directed towards philosophical issues arising within the practice of psychiatry, the focus of the conference was on the development of a wide international representation and variety of perspectives, rather than exploration of a single theme or themes. Over 60 papers were given in a series of parallel sessions and 17 papers in plenary sessions.

Against the background of growing medical integration with Europe, what emerged was evidence that the philosophical basis not only of psychiatry but of medicine in general is often more deeply and universally appreciated in other European countries than in the UK, an appreciation which is often reflected in medical education, and that just as the traditions of medical practice in general and psychiatric practice in particular are different across the Channel, so are the philosophical traditions by which they are underpinned.

From Italy, Emilio Mordini threw down a challenge to those using scanning techniques to elucidate disease processes, arguing that although such techniques might be appropriate for fundamental research in understanding the function of the central nervous system, a *prima facie* case for their being of value in understanding mental life had not been established and that, given the enormous expense of such technology, its use at present for research in psychiatry was an inappropriate financial burden.

From France, Catherine Wieder raised questions about the ultimate limits of what is analysable within the psychoanalytic process and the dangers of assuming that everything in mental life is *a priori*, ultimately susceptible to analysis.

In a keynote address, Jonathan Glover, of New College Oxford, provided some supportive psychotherapy of a philosophical kind to practising psychiatrists troubled by the conflict between the demands of a narrowly defined scientific orthodoxy and the need to minister to their patients. His presentation was a perfect example of how philosophical techniques can illuminate psychiatric practice, through setting out the background presumptions and steps in argument

which lie implicit and sometimes not easily retrievable beneath the surface of psychiatric practice.

Christopher Howard, *Chairman, Special Interest Group in Psychiatry*

Future directions of psychotherapy in the NHS: adaptation or extinction?

One hundred and fifty delegates attended this conference, jointly organised by the Association of Psychoanalytic Psychotherapists (APP) in the NHS and the Royal College of Psychiatrists, on 8–9 February 1996. The main speakers focused on directions for NHS Psychotherapy in three areas: psychiatry, research and primary care.

Dr Robert Hinshelwood described the current climate in NHS mental health services: 'clinical anxiety' of increasingly stressful work is impinged upon by 'market anxiety' of finite resources. This pressurises clinicians to control rather than contain patient anxiety, reinforced by contemporary community-based care, with loss of the containing function of the traditional 'asylum'. He stressed that as this predicament faces both psychiatrists and psychotherapists, it provides an opportunity for us to abandon defences of mutual devaluation and adapt by integration: confront and contain anxieties, challenge omnipotence and support each other with non-judgemental attitudes to success and failure.

Professor Arthur Crisp, maintaining 'psychiatry without psychotherapy is dreary', proposed that as psychopathology is central to both, the physiology of the brain/mind could be common ground for improved communication. Psychotherapists have a valuable role in maintaining a holistic approach to medicine and he urged them to engage in undergraduate teaching, open up debate with cognitive-behavioural therapists, and forge links with medical colleagues.

Evidence-based medicine was argued to be a valuable tool which must be balanced by clinical experience and respect for patient autonomy. For psychotherapy research, Dr Christopher Dare suggested a focus on longer-term outcome to capture change that may accumulate over time. Speakers agreed we must embrace the task of translating to purchasers the complexity and value of psychotherapeutic work.

Speakers on primary care described the recurrent dilemmas of general practice: facing uncertainty, challenging omnipotence, creating space to think, timing. These themes resonate with those of psychotherapy, placing the NHS Psychotherapy Department in a position to maintain the containing function of general practice by support, education and training.

An energetic plenary session, chaired by Dr Nick Temple, reiterated the need to develop qualitative research tools that capture the complexity of an NHS Psychotherapy department's work at a time when more severely disturbed patients are extruded to its care and a psychodynamic understanding of patients in all settings remains important but risks being ignored. Several delegates called for improved coordination to mitigate splitting within. The APP plans to develop a research forum and a future conference with purchasers is a priority. Dr Shellagh Davies, Chair of the Psychotherapy Section, voiced the commitment of the College to work with the APP to develop these initiatives.

Optimism prevailed as NHS psychotherapists were encouraged to be 'bloody-minded and thick-skinned' and adapt, tempered by reality testing as a psychiatric colleague reminded us that in some districts NHS psychotherapy is extinct, rendering psychiatrists who struggle to work in them 'bloody-skinned and thick-minded'.

Kate Lockwood, *Senior Registrar in Psychotherapy, Claybury Hospital and Tavistock Clinic, London*