

after 1 November 1991 means doctors must be aware of the type of information recorded. An additional category to the "perfect case-note" should be a check that the records would be appropriate for a patient to see.

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References

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The family of professions

DEAR SIRS

Some differences between family psychiatry and family therapy – or at least between John Howells and me – may be discernible from our letters (*Psychiatric Bulletin*, 1991, 15, 707–708). But I would like to make things clearer, beginning with what we agree on.

We agree that families are important in psychiatry. We must be aware of the effects of labelling in ordinary and professional circles. We believe that medicine and psychiatry should encompass the psychological along with the somatic, and that psychiatrists should concentrate on research and training in the "healing of psyches". The plea is well made in the letter from Jan Doyle (*ibid*, 709–710) describing her various experiences of psychiatric treatment for anorexia nervosa. I am also keen that all kinds of research method be applied in our field, including the rigorous discipline of medical science.

Where we differ is over what other disciplines have to offer. I had suggested we respect the important research and practice contributions to family therapy of other disciplines. Family therapy is a multidisciplinary field academically and clinically.

Many of us consider psychiatry itself multidisciplinary, so I am amazed at John Howells' wish to excommunicate other disciplines. I was referring to more general relationships than the multidisciplinary teams he introduced, but from what he says, I guess that some of his views are the result of traumatic experiences in them. However just as there are well-functioning families, there are well-functioning clinical and academic teams of various kinds (other than the surgical model he describes) where different professional and personal philosophies and skills are respected and used productively. Some of the most effective forms of team (multi- or uni-disciplinary) can be found where family therapy is practised.

John Howells clearly wishes family psychiatry to remain in exclusively medical hands. I would reverse his accusation and suggest that to *exclude* all other disciplines is much more to "indulge in cosy popularity" within a familiar realm, than is working things out with different disciplines in academic and clinical fields. We need go no further than the *Journal* to find Roland Littlewood ('Against pathology: the new psychiatry and its critics', 159, 696–702) demonstrating how much more complex the notion of "pathology" is than John Howells' outmoded notion that "psychopathology" can be separated from "concepts that have no basis in reality".

Is it not part of the reality we all try to understand and deal with in relationships in work and family groups, that people deploy a variety of concepts and projections that "render the field more complex by able and ingenious speculation and invention"? Even if "healing psyches" was an exclusively medical and psychiatric affair (and that's a questionable concept about the reality of the matter if ever there was one!) we would still need to understand and work with, not nullify, that reality – that people deploy concepts that may not (at first) match the recipient's true nature. And, in psycho-social matters, by whose authority does who decide which reality is the true one? This is a complex area where it is easier to declare oneself and one's own approach the exclusively true and scientific authority, rather than open up a more complex debate.

Jan Doyle's experience confirms how misplaced many of the standard psychiatric methods can be, despite being (or because of it?) so realistically conceptualised and researched with scientific rigour. Fiona Caldicott's letter in the same *Bulletin* (*ibid*, 699–710) officially confirms both how correct John Howells is to want the best training for psychiatrists in the healing of psyches, and also how wrong he is to be so proudly iatro-centric in his views about where the highest standards of practice are to be found.

I look forward to opening my mind to what family psychiatry has to offer, although I no longer expect as much similarity with family therapy. I invite him and all psychiatrists to be open to what a family-systems approach has to offer, and more generally to what other disciplines can positively contribute to academic and clinical psychiatry. An interest in how different individuals interact and combine together in families, I think goes naturally with an interest in how different disciplines combine together academically and clinically in the "family" of academic and helping professions. A systems approach entails a systematic application.

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