

sciences underpinning psychiatry and act as a hurdle to weed out those who weren't up to further training. The result of failing so many people is that trainees spend more and more time during their clinical training in studying and revising material for the Preliminary Test. This inevitably prevents them from committing themselves fully to clinical studies and their training suffers in consequence.

So can anything be done? I would like to suggest two possibilities. Ideally the Preliminary Test should be abolished altogether. Far from being a small hurdle it has taken on the proportions of Bechers Brook. Why not have one exam in which basic sciences, psychopathology and clinical matters are all integrated together? But perhaps this is too radical a step to consider, so as a second alternative why not establish a pass mark so that however many people reach that mark will be deemed to have passed the exam. If everyone passes, Hurrah, it means that training courses and standards generally have improved.

I am deeply concerned that the examiners may be out of touch with what is going on at the grass roots and I would be very interested to hear the views of other readers.

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### Psychiatry and its stigma

DEAR SIRS

I was recently in Washington DC where I attended the 139th Annual Meeting of the American Psychiatric Association (APA). I was greatly influenced by the amount of effort being invested by the APA into a campaign to reduce the stigma associated with mental illness and the prejudice shown by society in general and the rest of the medical profession in particular toward psychiatrists. The incoming president, Dr Robert O. Pasnau MD, stressed that, aside from the problems of medical liability, the new DSM III-R, and the allocation of a reasonable Federal budget toward mental illness, he regarded the question of the stigma of psychiatry as a priority issue. The allocation of two full symposia on this topic together with a major lecture by Jack Hinckley (founder of the American Mental Health Fund following the shooting of President Reagan by his son) reflected this concern. An impressive array of weaponry has been assembled in the APA's armamentarium to combat this problem. A major publicity campaign will soon be mounted on radio and national network TV, aiming to de-mystify mental illness. The securing of a 9½ million dollar aid package from the US Advertising Council adds considerable financial weight to this programme, which is backed up by a subsidiary campaign on 'depression and its ART—awareness, recognition and treatment'. Congressmen, media personalities, prominent public figures and professional marketeers have all been recruited to help. The National Association of the Mentally Ill and the American Medical Health Fund have promised support. The birth of

the National Association for Depression and manic-depressive illness on Capitol Hill while all this was being discussed in the conference added weight to the APA's argument.

Finally, and perhaps most important of all, the APA is planning a physician's awareness campaign to try and alter the way our colleagues in other specialities regard psychiatrists. The message is simple. The stigma attached to psychiatry has hindered effective psychiatric care and caused anguish to American psychiatrists for too long, and the APA has determined to try and rectify the situation. Whilst some of their tactics may not be applicable to the UK (although professional marketing consultants are now employed by all three major political parties), the basic need for action on this issue clearly is, and I would hope that in due course the Royal College of Psychiatrists would generate its own initiative. It is high time that the remark 'You're the only sane psychiatrist I know'<sup>1</sup> became an echo from the past.

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#### REFERENCE

- <sup>1</sup>FINK, Paul J. (1984) You are the only sane psychiatrist I know. *Journal of the American Medical Association*, 5, 611.

### Psychoanalysis: natural or human science?

DEAR SIRS

I was very interested to read Carola Mathers' article in the recent *Bulletin*<sup>1</sup> and agree with her that 'as psychiatrists we need to keep open minds as to what constitutes scientific activity' and also, 'that to consider levels of explanation unfamiliar to us as being non-science . . . is to impoverish our understanding . . .'

The reader will be familiar with Jaspers' claim<sup>2</sup> that psychoanalysis is a discipline using empathetic understanding which mistakes itself to be a causal science similar to the natural sciences. I want to propose here (by-passing a more fundamental critique of Bhaskar's theory of science which would be better left to a philosopher) that Bhaskar's 'transcendental realism'<sup>3</sup> leads to a rather similar conclusion: Bhaskar argues that causal explanations are equally applicable in the natural as in the human sciences. The fundamental difference between the two lies in the way the 'generative mechanisms' are being identified: while in the natural sciences these mechanisms can be directly observed or experienced by their effects (like in the case of a magnetic or gravitational field), in the human sciences they have to be identified by an hermeneutic analysis. Whether conscious (or unconscious) reasons are *causally effective* or mere *rationalisations*, or even pretended, can only be determined by comparing the given reason with its situational context, the history and personality of the subject, and in negotiation with him or her. In this process of empathetic understanding as described by Jaspers,<sup>2</sup> the particular reason is illuminated by its situational and psychological context—in