

Perspective

An occasional series in which contributors reflect on their careers and interests in psychiatry

Psychotherapy

ANTHONY STORR

On my retirement in the summer of 1984, Professor Gelder, in a generous valedictory speech, drew attention to the entry under my name in *Who's Who*. 'You will notice', he said, 'that he has described himself as 'Writer and Psychiatrist', not 'Psychiatrist and Writer'". The inference which Michael Gelder intended that his audience should draw is in fact justified. I have



Ment. Geason, photographer

not whole-heartedly devoted myself to the practice of psychiatry to the exclusion of other pursuits; certainly not since I was 40, when my first book was published. I have contributed nothing to psychiatric research. If my psychiatric writings contain anything of value, it is because I have interleaved them with the fruits of reading from other disciplines.

I am neither temperamentally nor intellectually fitted to be a scientist. Until my last year at school I read classics. However, I had to decide on a profession, and reluctantly switched to studying physics, chemistry, and biology because my choice of medicine demanded this. In making this choice I was influenced by the example of my elder brother, who was 14 years older than I was, and already qualified. I was also influenced by the gathering clouds of war. My adolescent pacifism inclined me toward a profession which demanded that I should repair and heal rather than maim and kill. By the time I reached Cambridge, in the autumn of 1939, I was already drawn to psychiatry. My interest in the subject was reinforced by my tutor, C. P. Snow. When I tentatively suggested that psychiatry might be my chosen field, he gave warm encouragement. 'I think you'd be very good at it', he said. Since no-one, at this period in my life, had ever suggested that I should ever be any good at anything, I found Snow's support especially heartening. Casual remarks influence one's destiny more than is generally recognised.

In 1944, I qualified. My history of asthma precluded my being 'called up' to serve in the Forces; but I saw something of one aspect of war by being in London for some of the worst air-raids. One duty was to 'fire-watch' on the roof of

Westminster Hospital. Air-raids can be spectacularly beautiful, with tracer bullets looking like fireworks. Having always considered myself to be a physical coward, I was surprised to find air-raids exhilarating. I started my medical career by being house-physician, and then clinical assistant, to S. P. Meadows, the neurologist. I found neurology fascinating, and applied for a house-job at Queen Square. But this was the time when doctors were returning from the war, and the post went to a doctor who had held the rank of lieutenant-colonel. I felt unable to compete with this, and so began my psychiatric career at Runwell mental hospital in 1946. In this I was particularly fortunate. Strom-Olsen was medical superintendent, and S. L. Last his deputy. The latter became, and has remained, my friend. He taught me a great deal of psychiatry; but what I chiefly remember was his deep and continuing concern for chronic patients; a concern which illumined the long period of his subsequent reign at Stone Hospital, Aylesbury. One of the major changes in psychiatry during my life-time has been the disappearance of the mute, inaccessible, incontinent, catatonic schizophrenic. But we have been so successful in getting chronic psychotics out of hospital that we no longer provide asylum for all those who need it; and psychiatrists are not as concerned as they used to be with the continuing care of those who cannot manage life in the community. I shall always be grateful to S. L. Last for teaching me that the incurable need the same degree of therapeutic concern which we habitually extend to the acutely disturbed.

After several attempts, I passed the MRCP examination in 1946. This stood me in good stead when I applied to the Maudsley, where a higher qualification in medicine was still considered desirable. Amongst the staff where Denis Hill, William Sargant, W. H. Gillespie, Emanuel Miller, Clifford Scott, E. A. Bennet, Jack Dewsbury, Erwin Stengel and E. W. Anderson. Martin Roth was a senior registrar. Bertram Mandelbrote, Michael Shepherd, E. J. Anthony, and Gordon Prince were amongst my contemporaries. David Stafford-Clark, Trevor Gibbens, Peter Scott, and Henri Rey were slightly senior. William Trethowan arrived a little later. He played the trumpet with a verve which excited my envy, but was unfamiliar with psychiatry. E. W. Anderson, for whom I was then working, asked me to initiate him into the mysteries of psychiatric note-taking. He has since done rather well.

The presiding genius of the place was, of course, Aubrey Lewis. Interpersonal rivalries and tensions disfigure all institutions, but these were exceptionally severe at the Maudsley, and Lewis did little to defuse them. Like most people who were at all close to him, I have ambivalent feelings toward Aubrey Lewis. I had the honour of being appointed the first Senior Registrar on his newly-formed Professional Unit; but I did not serve my full stint in this office because of our disagreements. His chief notion of my function was that I should supervise the note-writing of the registrars and house-physicians; whereas I was idealistically concerned with psychotherapy, and did not relish the role assigned to me. Had I toed the line, I suppose I might have had some kind of academic career in psychiatry; but my rebellion spared me that fate, and, after three years at the Maudsley, I had to seek my fortune elsewhere. I do not regret this. Had I ever achieved conventional eminence I think I should probably have behaved like my friend Henry Dicks who, no sooner had he accepted a professorship at Leeds, abandoned it and returned to the practice of psychotherapy.

Aubrey Lewis was an obsessional character. He had to know everything, and had indeed read more of the literature of psychiatry in several languages than anyone I have since encountered. But his knowledge paralysed him. Although he achieved an immense amount building the Institute of Psychiatry, and in raising the whole level of psychiatry as an academic subject and a medical speciality, his actual writings do not reflect his intellectual powers. His mind was far more critical than creative. No-one was quicker at detecting flaws, omissions, or uncritical assumptions. But this penetrating critical searchlight had a devastating effect, not only upon the enthusiastic novice, but also upon consultant colleagues who wished to maintain their independence. The result was that some, like Denis Hill, withdrew into their own special departments, whilst others left as soon as they could obtain suitable posts. Aubrey Lewis became a giant surrounded by pygmies. In spite of our battles, I owe him a considerable debt. Presenting a 'case' to him at his Monday conference was so formidable an ordeal that no public speech or television appearance has subsequently caused me much anxiety. It was possible to win his respect by standing up to him; and he gave me one piece of good advice. He once said to me, 'If you want to write, don't read too much.' It is advice which I have usually followed.

In the late 1940s and early '50s, the opportunities for practising psychotherapy within the newly-instituted National Health Service were minimal. As psychotherapy was, and has remained, my main interest in psychiatry, I had to embark upon private practice. This I did in 1950. I was fortunate in knowing a number of consultants like Denis Hill who were prepared to refer patients to me, and psychotherapy became my principal activity, although I retained some sessions as a consultant in the NHS until 1961. From 1961 until I came to Oxford in 1974, I was entirely independent, with no attachment to any hospital or institution. Autonomy has many advantages, but also

means that one tends to get out of touch with what one's colleagues are doing and with the general progress of one's subject. When I returned to the NHS in 1974, I felt like Rip Van Winkle.

I never intended to become a writer. All my ambitions outside psychiatry were concerned with music, and I still regret that I was not gifted enough to pursue music professionally. I wrote my first book, *The Integrity of the Personality*, in order to clarify my own mind. I felt the need to spell out what I believed about psychotherapy, and what I thought I was doing. Several publishers turned the book down; but, eventually, Heinemann Medical Books published it, and, to my surprise and gratification, it has remained in print as a Penguin book for over 25 years.

I ended my book *The Art of Psychotherapy* by writing: 'My life has been greatly enriched by my profession; and I am grateful for having had the opportunity of penetrating deeply into the lives of so many interesting, and often lovable people'. This remains true, although, as one gets older, some regrets about what one might have done are inevitable.

Psychotherapy is an exceedingly odd profession. I don't think it has much to do with medicine, although I have sometimes been grateful that I was once a well-trained doctor. Amongst the cases that I have had referred to me for psychotherapy have been motor neurone disease, cervical rib, and cerebral metastases from carcinoma of the lung. But such misreferrals are rare; and the skills which make someone into a good psychotherapist are not invariably found amongst doctors, nor necessarily fostered by medical training as at present constituted.

I find it difficult to predict where psychotherapy is going. I think it is in a healthier state than when I was in training. In those days, there was much talk about being 'completely analysed'; intense rivalry between different factions within the various psycho-analytic camps; disputations about dogma; personal bitchiness and 'character assassination' of an unbelievable vindictiveness. Such things still go on within the closed circles of the analytic training institutes; but my impression is that there has been a welcome increase in tolerance in recent years, and a growing recognition that neither Freud nor Jung nor any of their followers have found as many of the answers to human problems as was hoped during the first three decades of this century.

Eysenck's onslaughts against psycho-analysis have often been ridiculously intemperate, but, in the end, may have done more good than harm. They have forced psychotherapists to look more critically at what they are doing; to accept the need for proper outcome studies; to consider the possibility that the good results of psychotherapy—and there *are* some good results—may be due to factors which are nothing to do with analytic theory, but which have everything to do with a particular kind of interpersonal relationship.

In a previous contribution to this series, Malcolm Millar wrote: 'Empathy is the *sine qua non* of psychiatric practice'. I agree with this. It is impossible to help a fellow human being unless one can enter into what he or she is feeling and

experiencing, and, as Malcolm Millar puts it, empathy 'must initially spring from the closest insights into one's own aims and motives and the complex expectations of our patients'. Although empathy alone cannot cure, nothing can be accomplished without it. The capacity imaginatively to enter into the world of another is probably inborn to some extent, but it can be developed and extended. One of the rewards of practising psychiatry is the enlargement of this capacity. Most people move in a relatively restricted circle of like-minded people from the same kind of social background as themselves. Psychiatrists have to be able to understand the lives of people from a wide range of backgrounds who may make very different assumptions about life and human nature from those they make themselves. What is it like to be psychopathic, sexually perverted, a recidivist thief, or psychotic? Everyone has their limitations; and one must not expect to be able to empathise with every patient one encounters. But the more one can be aware of one's own psychopathology, the wider one's capacity for understanding others. Although psychiatric patients vary enormously, they generally share the characteristic of being somewhat emotionally isolated. The fact that a psychiatrist takes the trouble to get to know them intimately is itself enormously important, whether or not he is able to alleviate their symptoms. I often think that the introduction of powerful anti-psychotic drugs has had disadvantages as well as benefits. It is easy to prescribe, without necessarily getting to know one's patient. I think that every psychotherapist ought to have one or two psychotic patients whom he sees regularly. Although Freud was right in supposing that psycho-analysis was not a suitable technique for treating the psychotic, the kind of psychotherapy which aims at understanding rather than cure often makes life much more tolerable for the psychotic patient, simply because he feels that there is at least one person in the world who can empathise with him. Every kind of psychiatric syndrome is made worse by isolation.

I wrote earlier that it was hard to predict the future direction of psychotherapy. My own guess is that the kind of approach adopted by John Bowlby holds out the best promise for the future. Bowlby's mammoth work *Attachment and Loss* is one of the major achievements of our era. Bowlby is unusual amongst psychoanalysts in that, whilst acknowledging his debt both to Freud and also to his Kleinian analyst, Joan Rivière, he has been able to retain his critical capacity and his respect for objective studies. He has also made fruitful use of concepts derived from ethology. I am sure that we shall never understand the complexities of early human growth and development unless we can compare them with the growth and development of the young of other species. Bowlby's concept of 'attachment' has already inspired a great deal of research, and, in the not too distant future, we shall have a much better idea of how far early environmental stresses or deficits are really responsible for later psychiatric problems. What Bowlby's work has made amply clear is the extent of our ignorance. For example, the frequency of child abuse, both sexual and merely violent, has been considerably

underestimated, and so have the subsequent effects of such abuse. Further work on the earliest relation between the mother and her baby will, I am sure, prove fruitful, as will more studies of the development of children who have psychiatrically disturbed parents.

I am also convinced that further studies along the lines of George Brown's work on *Social Origins of Depression* will influence the psychotherapy of the future. Psychoanalysis has been so concerned with the patient's inner world of fantasy that not enough attention has been paid to external social circumstances, or to what actual losses and traumas the patient has experienced.

I also guess that the psychotherapy of the future will be more concerned than it is at present with tapping the patient's own creative potential. I have always been interested in the psychology of creativity, and impressed with the fact that, however 'pathological' some of the great creators have seemed, their creative capacities often protected them against breakdown. Of course we cannot all be writers or painters or composers; but every human being has some creative potential, some capacity for making symbolic sense out of existence. The ease with which modern man can distract himself with passive entertainment, with television, radio, and hi-fi, may, in some instances, be preventing realisations of his own creative powers.

Although our best hope probably lies in the prevention of psychiatric disorders, there will continue to be a place for psychotherapy in our culture during the foreseeable future.

'The troubles of our proud and angry dust
Are from eternity, and shall not fail'.

Western man is a complex creature, and much of what we label neurosis may really be unavoidable emotional distress which is inseparable from that complexity. It could be argued that the majority of problems for which people seek psychotherapy ought to be relievable by family or friends. My own belief is that the development of psychotherapeutic techniques and skills has provided professional ways of alleviating emotional distress which cannot be matched by the untrained person, however sympathetic. This is why I think that psychotherapy is here to stay.

The **Burden Research Gold Medal and Prize** for published work in the field of mental handicap was awarded in 1986 to Dr Kenneth A. Day, Consultant Psychiatrist, Northgate Hospital, Morpeth, Northumberland.

Correction

Membership Examination—November 1985
In the *Bulletin*, April 1986, 10, 92, Richard Redmond O'Brien should have read Richard Redmond O'Flynn.