work away on the incorrect assumption that we are so different.

NICK CHILDS

Lanarkshire Health Board
Child and Family Clinics
49 Airbles Road
Motherwell ML1 2TJ

DEAR SIRS

In the interview with Dr John Howells (*Psychiatric Bulletin*, September 1990, **14**, 513–521) Howells states that in family psychiatry "the principle is that an individual who becomes sick is an element in a sick family". In contrast he says that in conjoint family therapy "the principle is to use the family to get the identified patient well". He seems to be indicating therefore that family therapy is a technique for helping individuals get better.

I would respectively point out that this is a gross misunderstanding of family therapy. The essence of family therapy is that the conceptual focus is on the whole family system, and that individual behaviour is seen as arising from, and feeding back into the family system. Treatment is aimed at altering the whole system for the benefit of all members. The vast majority of family therapy literature in the last 20 years has emphasised these very points, which Howells seems to be claiming to belong specifically to family psychiatry.

It seems to me that there is really no difference between family psychiatry and family therapy in terms of the conceptual focus or the unit of intervention.

BRYAN LASK

The Hospital for Sick Children
Great Ormond Street, London WC1N 3JH

DEAR SIRS

I can understand the reason for Dr Child's and Dr Lask's bewilderment. The first key lies in Dr Lask's phrase "family therapy literature in the last 20 years". There was a whole generation of literature in the UK prior to 1970 and virtually the whole of this was on family psychiatry (Chadwick, 1971). When I gave my Chairman's address to the Child Psychiatry Section in 1961 'The Nuclear Family as the Functional Unit in Psychiatry' (Howells, 1962), I defined family psychiatry as a clinical approach which took the family as the functional unit in clinical practice. This definition was elaborated in my 1963 book *Family Psychiatry* describing my ten years of work 1950–1960. Post 1970 came the influence of the American conjoint family therapy literature, begun originally by my old friend Nathan Ackerman; as I said, this movement used a family group to help an individual patient. The family systems approach of family psychiatry cross-fertilised conjoint family therapy and 'family therapy' was a term commonly adopted for that movement subsequently. So far so good.

In my interview there was insufficient time to point to still major differences between family psychiatry and family therapy. Firstly, family psychiatry is a term which denotes a way for the profession of psychiatrists to practise psychiatry with the family as patient. It aims to give the same level of care to the mental patient as any other patient. Thus a highly trained practitioner, a consultant, takes direct responsibility for the patient; it eschews the unethical practice of 'covering'. Secondly, it is concerned with family pathology (not other family anomalies). Thirdly, it is a wide psychiatric approach concerned with the theory of psychiatry, clinical organisation, experiential psycho-pathology, multi-dimensional structured family diagnosis and multiple family treatment procedures (including vector therapy). Family therapy concerned, as its title suggests, with therapy and the treatment of families in groups is only one of family psychiatry's general procedures, and only one of its treatment procedures. As Rubinstein (1977), an American family therapist, commented "the field of family therapy is to be considered a branch of the broader discipline of family psychiatry".

JOHN HOWELLS

Hill House
Higham, Colchester

References

CHADWICK, A. H. (1971) A Review of British Literature on Family Therapy. 1960–69. M.A. Dissertation. University of Bradford.

HOWELLS, J. G. (1962) The nuclear family as the functional unit in psychiatry. *Journal of Mental Science*, **108**, 675–684.

—— (1963) *Family Psychiatry*. Edinburgh: Oliver & Boyd.

RUBINSTEIN, D. (1977) The family psychiatrist as a primary care physician. *Abstracts, VI World Congress of Psychiatry*, 339.

Membership of women psychiatrists' support groups

DEAR SIRS

The article 'A support group for women psychiatrists' (*Psychiatric Bulletin*, September 1990, **14**, 531–533) raises some interesting points. As a former trainee on the Royal Free rotation and one of the "new women" who were not invited to join the group, I am also aware of the impact this experience had upon us.

It was particularly difficult to be informed about the group and invited to a meeting, only to have it made clear later that we were not being asked to join, but merely to observe and perhaps to learn. In