

The College

PRESIDENT'S PRESS

Few people saw Pirandello's *Six Characters In Search Of An Author*, this summer at the Greenwich Theatre though it was only the second time since the war that this masterpiece had been produced in London. I tried to arrange a special performance of it at the time of our November meeting, but the whole production was disbanded and the actors dispersed to other plays long before that, so it could not be revived. The evanescence is somehow characteristic of this strange, powerful play that every *avant garde* theatre wanted to produce when it was first written 50 years ago, and which everyone interested in psychotherapy, especially group work and psychodrama, should study. It is played on an open stage and begins with actors in their ordinary clothes rehearsing a play. The six Characters interrupt from the audience to try and get the actors to play their tragedy instead. As the play unfolds we go deeper and deeper into the Characters who become more real than the actors and even than ourselves. The play ends with a masterly *coup-de-théâtre*. On the darkened stage the puzzled and defeated producer is startled by the chief Character suddenly reappearing. You hear her running round the corridors, up the stairs and round the bars of the theatre, laughing maniacally behind you or by your side, and yet invisible. Were the Characters just imaginary after all, like Jane Eyre's Mrs Rochester, or were they 'real', like Pirandello's mad wife—or what? I was struck by the significance of the two small children who do not say anything but are crucial to the whole play, and by their older half-brother who tries to hold himself aloof and disdainful but is ineluctably drawn in to the drama. It is a situation well known to those involved in family therapy.

I was reminded of the play again by reading Jonathan Pedder's recent article in the *British Journal of Medical Psychology* on transitional space in psychotherapy and the theatre. (Perhaps it is no accident that two eminent theatre directors are the sons of psychiatrists, and a third a brother.) In the same journal there is a sober review by Tyson and Reder of the problems of providing dynamic psychotherapy in the Health Service which presupposes that such treatment is a purveyable commodity like teeth and spectacles. This juxtaposition of the two articles throws into sharp relief the problem of psychotherapy—what is its relation to medicine? This topic has been and will continue to be debated for years. The latest contribution I have seen is from our former Editor, Edward Hare, in the recent *Tribute to Eliot Slater*. Another aspect of it is seen in the debate over the Psychotherapy Section's point that some personal analytical experience is a *sine qua non* for therapists—rightly in my

view—though how much and how experienced cannot be rigidly laid down. The analogy with the theatre raises even more awkward points of difference from 'orthodox' medicine. Hard-headed and hard-pressed Health Authorities are unlikely to subsidise the local mental hospital if it's a sort of National Theatre—the only theatres they know and support are surgical where drama in plenty occurs but not in quite the same sense.

But as has so often been said before in one way or another, medicine and psychotherapy are inextricable, if only because minds and bodies interact in the formation and treatment of illness, however defined. A health service which does not substantially contribute to psychotherapy leaves out an essential component not to be made up by anyone else. Furthermore, in the last 100 years the greatest advances in psychotherapy have been made by medically qualified therapists—I'm not sure that will be true of the next 100 years, but that's another story.

In these times of cuts it is pleasant to contemplate growth instead, and the recent Mental Health Foundation Conference in Oxford gave one plenty of opportunity to see how much has happened in the 25 years since its first meeting began the Foundation's great contribution to the support of psychiatric research. It was interesting to note the few who had been at both meetings. Apart from some of the lay Trustees and Sir Denis Hill and Derek Richter, who started it all off, almost the only others at both were our three College Presidents.

Whole new series of drugs have come into use since the first meeting, all of them discovered by serendipity rather than by deduction from knowledge of the chemical basis of mental disorder. However, new neurotransmitters are being discovered in abundance, and lead one to hope that drugs allied to them might equal or surpass the efficacy and specificity of our present ones. There is an increasing shift from anatomy to biochemistry in our understanding of possible neurophysiological bases to mental illness. Psychosurgery now plays a very small part in therapy, and I am rash enough to think that further effective selective operations are unlikely to be discovered.

Perhaps even bigger changes than in the biological approach have occurred in the psychosocial field. The methods of measurement in the social sciences are much more accurate and relevant, and the conceptualizations of what goes on between man and his social environment are much more subtle. Growth in research there has thus been, but there are threats to the continuation of adequate resources that must cause great concern. The newcomers at

the Foundation's meeting were of high quality, but we need more of them and further opportunities to let them do their work.

Connoisseurs of MCP's remarks may read what they like into the following statement by a Commissioner of Police in the 1950s and discovered by some research workers on

violence in the home. From the police point of view, with motive and perpetrator known, the crime may not be of great significance, but he might have put it more felicitously: 'In London there are about 20 murders a year, but not all of them are serious—some are just husbands murdering their wives'.

Donald Pond

REGIONAL ADVISERS

After a process of consultation with the Divisions, the Academic Departments and Post-Graduate Deans, the Court of Electors has endorsed the following list of College Regional Advisers:

North East: Northern: Dr. D. L. F. Dunleavy; Yorkshire: Dr. Julian Roberts

North West: Mersey: Dr. M. D. Enoch; North Western: Prof. W. I. N. Kessel

Midlands: Trent: Prof. S. Brandon; West Midlands: Prof. Sir W. H. Trethowan

South Western: South Western: Prof. Gethin Morgan; Wessex: Dr. B. Barraclough

Chiltern and Thames Valley: Oxford: Dr. E. B. O. Smith; North West Thames: Dr. K. L. Granville-Grossman

East Anglian: East Anglia: Sir Martin Roth; North East Thames: Prof. D. A. Pond

Southern: South East Thames: Prof. R. Cawley; South West Thames: Dr. J. S. Stead

Welsh: Wales: Prof. K. Rawnsley

Scotland: North East: Dr. D. Le Poidevin; East: Dr. P. G. Aungle; South East: Dr. P. Kennedy; West: Dr. J. Clark

Ireland: Northern Ireland: Dr. W. A. G. MacCallum; Republic of Ireland: Dr. F. P. O'Donoghue

H.M. Forces: Navy: Dr. E. B. O. Smith; Army: Dr. Denis Leigh; R.A.F.: Prof. W. Linford Rees

The principal function of the Regional Advisers is to represent the College on Regional Committees in postgraduate medical education. The precise arrangements vary considerably from one Region to another. In many Regions the College Adviser is also the Chairman of the committee arranging local postgraduate training courses, and he may also act as adviser to those seeking a career in psychiatry. The College expects that the Adviser will work closely with the Academic Department of Psychiatry, and with its Divisions, in order to co-ordinate postgraduate training arrangements. Another, and equally important, function in England and Wales is for the Adviser to comment on the job description for new and replacement consultant posts. The Adviser will be assisted by the Chairman or Secretary of Specialist Sections where the job is in a speciality other than his own.

These Regional Advisers are not to be confused with the College's Local Advisers on Distinction Awards. A description of the arrangements which the College has for making nominations for these awards was published in the *Bulletin*, March 1978.

GERALD C. TIMBURY
Registrar

TRAINEES' SESSION

A second session of trainees' papers on research topics is being organized as part of the programme for the Annual Meeting in July 1980.

Trainees and young psychiatrists (below the rank of Consultant) are invited to give a ten-minute paper on some investigation which they have or are in the process of undertaking.

Please let us have a title and an abstract (250 words maximum) by mid-April 1980 and contact Jane Boyce at the College address if you have any queries.

A. C. P. SIMS
on behalf of Programmes and Meetings Committee

CUTS IN THE NHS*

The Executive Committee of the Social and Community Psychiatry Section wish to collect and collate information regarding recent and proposed cuts in Mental Health Services, including NHS and local authority funded services. I would be grateful if members would let me know of any cuts in their local areas.

A. C. BROWN
Secretary, Social and Community Psychiatry Section

*The Registrar has also written to all College Divisions and Regional Advisers asking for the same information.