vious occasions. It is one which is likely to involve many disciplines in its resolution and where any one type of management is unlikely to solve every problem. Thus efficient coordination is a priority, as it is with baby battering. It is clear that the social worker's role in this enterprise is a central one, and we must therefore work to make his or her position a tenable one. The psychiatrist will be an essential part of the team in these cases, but it will be very seldom that he will be able to undertake treatment as a solitary enterprise.

A. R. NICOL

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CORRESPONDENCE

TRAINING IN PSYCHOTHERAPY

DEAR SIR,

May I draw the attention of members to the unsatisfactory state of affairs which exists in our profession concerning the definition of and training in 'psychotherapy'?

We as a speciality are somewhat tardily trying to put our house in order in respect of our 'psychotherapeutic' expertise, and one solution seized upon with a sigh of relief in some areas is to split off the 'psychotherapeutic' function and project it into a 'Consultant Psychotherapist'. There, safely contained, it can petrify, never introjected, and an anxiety-free 'Consultant Psychiatrist', never experiencing the pain of growth that internalization brings, can rest assured that the non-'psychotherapeutic' *status quo* of his unit will remain. A further splitting follows, namely the absurd attempt to divide those patients who require 'psychotherapy' from those who do not. These splitting mechanisms are thoroughly unhealthy, both for ourselves and our patients.

Surely every general psychiatric unit and every general Consultant Psychiatrist should be able to offer and be involved in a broad range of therapeutic activities, including 'psychotherapy'. Are we next to see Consultant Psychiatrist (Behaviour Therapist), or Consultant Psychiatrist (Pharmacological Treatments) being appointed? An increasingly sophisticated client will not forgive us our trespasses as casually as we forgive ourselves, and encouragement to the staff of every unit and every general Consultant Psychiatrist is needed to increase his self-knowledge and healing expertise; possibly accreditation procedures could be used to promote these aims. What seems to be needed is individual or group experiences as a patient for Consultants and training grades alike.

Any attempt in the profession to regard 'psychotherapeutic' expertise as separate from self-knowledge and development will fail.

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MEDICAL STAFFING

DEAR SIR,

I have read with interest the article in *News and Notes* for October 1975 entitled '"Norms" for Medical Staffing of a Psychotherapy Service for a Population of 200,000'. I am both irritated and saddened to note that this article makes the same assumption which seems to be prevalent at the moment throughout the medical profession, that our hospitals are staffed exclusively either by Consultants or by Junior Doctors in trainee posts.

There must be very few hospitals outside the teaching centres that would be able to function if hospital staffing did not also include the non-training grades of Clinical Assistant and Medical Assistant, and yet their contribution is rarely acknowledged or considered and provisions for their special needs are rarely made.

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