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Letters to the Editor

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Letters to the Editor

DR. CARTER ANNOUNCES RESIDENT HOUSING PROGRAM FOR APA MEETING

Sir:

I want to inform you of an exciting opportunity for members-in-training that the APA will offer at the annual May 1988 meeting in Montreal. Optional low cost housing will be available on a limited basis. As this is the first year this form of housing is being offered, it will be limited to residents and their families. Next year, low cost housing will be open to medical students as well. The APA National Committee on Women proposed this venture to Kathleen Bryan and George Campbell who arrange the complicated annual meeting housing, lecture and exposition spaces. Along with other APA divisions, meeting management staff worked diligently to devise a plan to increase member-in-training involvement.

When the APA annual meeting registration is sent to each member-in-training, all who are interested in the low cost housing option should send a letter or post card to:

Ms. Wanda Sheridan
APA
Meetings Management
1400 K St. NW
Washington, D.C. 20005

Material will then be sent to you about this low cost housing.

Debbie R. Carter, M.D.
APA/NIMH Fellow Representative on the
Committee on Women

DR. KOBYSKI RECOMMENDS MEMBERSHIP IN AAP

Sir:

The Association for Academic Psychiatry (AAP) has extended membership to psychiatry residents interested in pursuing teaching careers. Having participated in the organization for the past two years, I can certainly recommend this to other residents. The aim of the AAP is to interest able psychiatrists in teaching careers and to foster the development of skills and knowledge essential to growth as effective educators. This is accomplished by a three day national meeting, a quarterly newsletter, and maintenance of liaisons with several organizations. Specific components of the AAP include Sections on: Consultation-Liaison Psychiatry, Educational Technologies, Child and Adolescent Psychiatry, Medical Student Education, and Resident Education. Annual membership dues are \$25 which include the quarterly newsletter, and discounts to the national meeting and some psychiatry journals. Application forms and further information can be obtained through Mary O'Laughlin, Administrative Assistant, Department of Psychiatry, Mount Auburn Hospital, Cambridge, MA 02238.

Thomas P. Kobyski, M.D.
Resident, Georgetown University

DR. STEPANSKY INTRODUCES A RESIDENT BOOK SERVICE

Sir:

The Analytic Press takes pleasure in announcing a Resident Book Service for psychiatric residents at APA-approved training programs throughout the United States. We are establishing this book service in recognition of the increasingly high cost of psychiatric and psychoanalytic books, and in the belief that it is in the interest of a psychiatric publisher to place worthwhile titles in the hands of the next generation of psychiatrists as affordably as possible. Via this service, residents will be able to purchase individual copies of any Analytic Press title at a 35% discount. Our terms for participation in this program are as follows:

1. Upon completing and returning a brief application form along with an initial registration fee of \$10.00, residents will receive confirmation of their acceptance into the Book Service, including a resident identification number to be used in placing orders. Initial registration shall extend through December 31, 1988. Beyond this time, registration shall cover one calendar year, at the conclusion of which members shall receive brief renewal forms enabling them to participate for another calendar year.

2. Once enrolled in the Book Service, residents will receive periodic Analytic Press flyer and catalog mailings along with special discount order forms prepared expressly for them. Via these mailings, residents may purchase single copies of Analytic Press books at a discount of 35% (plus \$1.50 shipping and handling per title). Orders received through the Resident Book Service must be prepaid, although prepayment may be via major credit cards as well as checks and money orders.

3. Residents interested in participating in this book service should write Judith Husarek at The Analytic Press, 365 Broadway, Hillsdale, NJ, 07642. We will promptly send out our most recent catalog along with an application form.

Analytic Press authors include theorists and clinicians of the stature of Lawrence Friedman, John Gedo, and Henry Krystal. Recent and forthcoming titles cover a panoply of major psychiatric topics, including schizophrenia, alexithymia, borderline conditions, masochism, intrapsychic conflict, trauma, empathy, transference, child development, and self psychology. We have several outstanding works in the area of women's studies/psychotherapy, including the first authored work on the impact of the therapist's pregnancy on psychotherapeutic work. We hope interested residents will write us to learn about these and many other fine titles.

Paul E. Stepansky, Ph.D.
Editor-in-Chief
The Analytic Press

DR. BALON COMMENTS ON "SHOULD PSYCHOTHERAPY BE TAUGHT TO PSYCHIATRIC RESIDENTS? A DEBATE"

Sir:

The discussion "Should Psychotherapy be Taught to Psychiatric Residents? A Debate" by Drs. D.W. Black, J. Ascher, H. Cash, J. Markowitz, P. Hamburg, J. Satinover

and A. Mellow (1) brought several important points to our attention, but not a definite answer. I feel that there is no definite answer about the role of psychotherapy in the education of residents at the present time.

The seemingly provocative question of whether psychotherapy should be taught to psychiatric residents (probably outraging some "gurus") does not have a simple yes or no answer, but probably a yes *and* no answer. I feel that psychotherapy should be taught in residency programs, but probably not in its current form. Unfortunately, I do not know in what form it should be taught. However, I would like to make some comments on the presented discussion.

I am not sure that before the introduction of the psychotropic drugs psychiatry was synonymous with psychoanalysis alone, as one of the discussants states (p. 55); perhaps in the United States, but not so in Europe. The comparison of psychiatrists and pilots (rhetorical question, "Should pilots learn to fly?" on page 56) is somewhat weak and inappropriate. Pilots fly, and only fly, but psychiatrists do not practice only psychotherapy (with some exceptions).

Identifying psychiatry with psychotherapy sounds somewhat grandiose. I will agree that *psyche* will remain a part of psychiatry in the near and far future, but not in the late 19th century form. Sometimes I have the feeling that psychotherapy, especially the psychodynamic form, is taught as a religion and not as a scientific discipline. There cannot be any doubt, for as soon as there is, there is great uproar and the doubting person is attacked almost as a heretic during a religious war. Psychotherapy is not judged the same way as other therapies, especially as far as expectation of some results within a certain time. If a psychopharmacologist would report data from a study with ten years of pharmacological treatment, he would be laughed at, but we accept similar data in cases of long term psychotherapy.

The question "How can one evaluate for psychotherapy without some knowledge of the treatment?" raised by another discussant, brought a similar question: "How can anybody treat patients with medication without knowing enough about it?". I have seen and have heard stories about uninformed medication trials by orthodox psychotherapists, and I remember an article describing a patient in long term psychotherapy who was secretly getting lithium prescriptions from another psychiatrist because his therapist would not allow it—just another narrow-minded approach.

Classical psychoanalysis presents a sophisticated model and theory without much evidence. The model is based on anecdotal reports, and no controls or measurable results are presented. This model is based on beliefs, not on scientific methodology. It presents scientific evidence comparable to the scientific evidence of the theory on bleeding during the 19th century. Unfortunately, classical analysis, in particular, remains locked in the 19th century way of thinking. I believe that analytic therapy has tarnished its name both by its elitist existence as a therapy for only a suitable few who are able to pay, and also as a system resembling a religious sect. Although we still need some knowledge of psychotherapy, we do not need to spend endless hours in supervision, writing endless notes and trying to treat the unhappiness of a chosen few without even being able to say if they are getting better.

I hope that the recently started discussions at the American Psychiatric Association and in the pages of this Journal will be the beginning of a process toward some reconstruction in the teaching of psychotherapy, and that we will be able to bring some light to the narrow-minded system. I do feel that a psychotherapy fellowship may be a

good idea. Perhaps institutions specializing in psychotherapy should offer this fellowship as a regular post-residency option.

Richard Balon, M.D.
Resident, Lafayette Clinic
Detroit, Michigan

REFERENCE

1. Black DW, Ascher J, Cash H et al: Should psychotherapy be taught to psychiatric residents? a debate. *Jefferson Journal of Psychiatry* 5(1):54-66, 1987