

provision of intensive care, hospital services and delays before suicidal deaths are discovered are all cited as reminders of potential deficiencies in community based care.

It might have made for a more even-handed approach if this report had acknowledged the many uncertainties which face clinical staff in caring for suicidal persons, particularly with regards to the unreliability of risk factors in predicting suicide risk in the short term. Nevertheless, a defensive reaction on our part could do little justice to the valuable insights which may be gleaned from this report. It deserves to be read widely.

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The Power of Words: uses and abuses of talking treatments. By Daphne Wood. London: MIND Publications. 1993. Pp 34. £7.50 plus 75p postage and packing. Available from North Staffs MIND, 44 Church Street, Stoke-on-Trent, Staffs

The recent televising of George Eliot's *Middlemarch*, set in the 1820s, highlighted the uncertain status of doctors before the Medical Act of 1858. The position of psychotherapists today has been likened to that of medical practitioners at that time. Public debate about the need for registration of psychotherapists has been smouldering at least since the publication of the Forster Report in 1971. This recommended 'indicative', as opposed to 'functional' registration which would confine the title of psychotherapist to those who had had recognised training, and would entail monitoring of standards of practice and education, ethical codes and disciplinary procedures. Despite the efforts of the UK Council for Psychotherapy there have been few signs of more than desultory government interest, and it has taken a novel by a well-known feminist author to rekindle much needed public discussion on the topic.

The Power of Words is MIND's contribution to the debate. It too calls for a register of psychotherapists, in order to protect the public from unscrupulous, ineffective or abusive practitioners. It highlights the need for clients to be offered a range of different therapy options rather than simply being given what the particular therapist they happen to consult knows best. It calls for therapists to make clear contractual

arrangements at the start of therapy so that the client has a good idea of what to expect in the course of treatment. It suggests that patients who come from ethnic minorities, are poor, disadvantaged, or gay, tend to be excluded from psychotherapy, and that steps are needed to redress this injustice. It argues that people with psychotic illness tend not to be offered psychotherapy even though it may well be beneficial.

Several of these points are highly relevant to psychiatrists and especially to medical psychotherapists, who will welcome the emphasis on the importance of assessment but may feel less easy about the criticism of their under-involvement in psychosis, although there is now a growing interest in the psychotherapeutic contribution to psychotic disorders. Nor, I suspect, will many feel entirely complacent about their efforts to provide therapy for minority groups. The pamphlet – which leans heavily on consumer surveys of psychotherapy services – also calls for 'users' to be involved in the running of psychotherapy organisations and treatment centres and this too is a topic likely to arouse discomfort.

Wood's style is combative and challenging. 'Mental illness' and 'psychosis' are in inverted commas throughout, and, as her title implies, argues that diagnosis is more a matter of power than scientific or therapeutic truth. She suggests (p 10) that disempowered clients might be frightened to confide in their psychiatrists for fear they would merely increase their medication rather than listen empathically to what was being said. There is a self-fulfilling transference aspect to this – one's immediate (countertransference) reaction is to hit back, to insist that we beneficent psychiatrists are not like that at all. And yet . . . perhaps we are. Perhaps we don't listen as much as we might. Perhaps we do tend to ignore the 'user' (to return the inverted commas). Above all, perhaps our training as psychiatrists is often deficient in just the area of treatment – psychotherapy – that clients value most. We should listen to this voice, welcome its attack, continue the dialogue – and work harder to ensure that to be a psychiatrist means also becoming a psychotherapist.

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