avoided as far as possible. Indeed, the theoretical and "subjective aspects of psychiatry such as . . . a psychotherapeutic qualification, and perhaps exposure to personal therapy", which he is advocating in place of research experience, are precisely the areas which tend to be characterised by unprovable assumptions and lack of evidence of validity and usefulness.

He calls for trainees to be encouraged to develop these 'theoretical understandings' rather than gain research experience. This is at a time when psychiatry across the Atlantic is undergoing a profound reassessment of psychoanalysis and its place within psychiatric training (Clare, 1995), and the need for 'evidence based medicine' is being increasingly recognised.

I would agree that it is important not to become "academically knowledgeable at the expense of being technically and therapeutically competent", but these are not mutually exclusive. Academic knowledge and therapeutic competence are complementary. Clinical training in psychiatry is of paramount importance, including psychotherapeutic knowledge and skills, but the several and varied benefits of carrying out research projects as a trainee should not be overlooked (Trigwell, 1993).

Many trainees experience difficulties in carrying out research but problems are also encountered while gaining the type of theoretical knowledge advocated by Dr Timimi (Clare, 1995; Trigwell *et al*, 1995). His letter is a comment upon an earlier paper which put forward a strategy to improve standards of education and supervision for research by trainees (Owens *et al*, 1995). A similar initiative which improves education in the theoretical areas mentioned by Dr Timimi would be most welcome.

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Sir: I was glad to read Dr Trigwell's letter which defends the role and importance of research in the training of junior psychiatrists, as the issue merits further debate. Unfortunately, I feel unable to agree with his views and fear he has missed the point of my original letter.

Dr Trigwell argues that psychiatric research has enhanced psychiatric practice through rigorous methodology, objective measuring tools and avoidance of assumptions where possible. Mention of the basic assumptions underlying the theoretical framework within which such research is carried out was avoided. Here the issues become more complicated and circular thinking a headache. Without an aetiologically based framework and concrete investigations, the 'gold standard' against which all the measures used are validated become a matter of consensus (of those in the most influential positions). In a profession where the subject matter upon which and within which our work takes place is that of subjective experience, the question of how research findings relate to patients' experiences is crucial. Here research papers often stop at a level of superficiality and without any deeper than surface attempt to understand the meaning behind the findings. Objective facts so often miss the essence of subjective reality.

Dr Trigwell criticises psychotherapeutic, particularly psychoanalytic, theory and practice, as lacking evidence of validity and usefulness, citing the crisis facing psychoanalysis in the USA as an indication that its place in psychiatric practice is in question. Psychiatric practice in particular, and medicine in general, is a victim of cultural trends and fashion as much as any other product of culture. It is an example of cultural imperialism to imply that what happens across the Atlantic represents what is inevitable or desirable more generally. Psychoanalytically orientated psychotherapy is still practised widely in the USA, has become very popular in South America in recent years, it is used much more extensively in the rest of Europe and has recently broken new ground in Eastern Europe. That psychotherapeutic theory and practice is constantly undergoing reassessment is part of its development.

The most common reason for trainees undertaking research is to secure senior registrar posts and to fulfil the expectations of their seniors. I agree with Dr Trigwell that academic knowledge and therapeutic competence should not be mutually exclusive, however, a trainees' time and personal resources are not limitless. In a psychiatric hierarchy which places high value on research to progress one's career with little recognition given to psychotherapeutic training (indeed it is often a disadvantage to express such an interest), it is little wonder that many trainees feel persecuted by the necessity for research and are discouraged from pursuing psychotherapeutic experiences.

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