

given to training in individual and dynamic psychotherapy. Serious consideration would therefore need to be given to ways of reducing the amount of time devoted to training in these approaches without sacrificing the quality of such training. One suggestion might be to abandon the requirement for some form of personal analytic experience, as no evidence exists to suggest this experience has a clinically significant impact.<sup>1</sup>

If training in the psychotherapies were to evolve along the lines suggested, training would more clearly be research-based and related to client need. There would then be some prospect that psychotherapy would be seen to be clinically relevant and empirically-grounded — vital attributes if it is to survive and grow in an age of medical audit, limited financial resources and competing service priorities.

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#### Reference

- <sup>1</sup>MACASKILL, N. (1988) Personal therapy in the training of the psychotherapist: is it effective? *British Journal of Psychotherapy*, 4, 219–226.

### Positive aspect of benzodiazepines

DEAR SIRS

Peter Tyrer's warnings about the possible repercussions of benzodiazepine prescription (*Bulletin*, 12, 190) and the statement from the Committee on Safety of Medicines (p205, same issue) is undoubtedly timely and relevant. However there is a risk that papers such as this, which focus primarily on the adverse aspects of benzodiazepine treatment, may lead to a biased image of this class of drugs being presented to the lay public, particularly by the general media which is not governed by any ethic of scientific objectivity and which is usually responsible for interpreting medical and scientific information for general consumption.

The problems of addiction and cognitive impairment are a major concern in a general practice and psychiatric out-patient setting where anxiety states, insomnia, dysthymia and other 'minor' problems are dealt with. Clinicians in psychiatric hospital in-patient wards deal with a very different patient type suffering from major psychoses, organic brain syndromes and retardation. It would be unfortunate if the emphasis on the problems inherent in the use of these drugs in usually high-functioning individuals were to be generalised to the more severely ill. The public is seldom, if ever, exposed to articles dealing with the positive aspects of the benzodiazepines such as their adjuvant role in the treatment of schizophrenia,<sup>1</sup> manic-depression<sup>2</sup>, and epilepsy<sup>3</sup> to name

but a few of the many conditions where maligned drugs like lorazepam, alprazolam and diazepam are used. The concept of psycho-social addiction in a patient with late-stage Huntington's Chorea is invalid yet patients and relatives alike become unduly concerned when informed that an 'addictive' benzodiazepine is being prescribed. To prevent this inappropriate type of generalisation it would be advisable to include appropriate qualifying statements in medico-legal articles and position statements, particularly those that may be studied by lawyers. Failure to give the benzodiazepines some deserved 'good press' could be an error of omission that the medical profession may later regret.

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#### References

- <sup>1</sup>WOLKOWITZ, O. M. *et al* (1986) Combination alprazolam-neuroleptic treatment of the positive and negative symptoms of schizophrenia. *American Journal of Psychiatry*, 143, 85–87.
- <sup>2</sup>MODELL, J. G. *et al* (1985) In-patient clinical trial for the management of manic-agitation. *Journal of Clinical Psychopharmacology* 5(2), 109–113.
- <sup>3</sup>MOFFETT, A & SCOTT, D. F. (1983) Stress and epilepsy: the value of a benzodiazepine — lorazepam. *Journal of Neurology, Neurosurgery and Psychiatry*, 47, 165–167.

### What do trainee psychiatrists actually read?

DEAR SIRS

Previous correspondence in the *Bulletin* has included lists of recommended reading for psychiatrists in training. We carried out a survey of trainees on the Oxford rotation (senior house officers to senior registrars) to see how the books actually read compared to the suggested lists. The questionnaire asked them to quote the six novels which had influenced them most in some way, and which might be of interest to other trainees. Fifty questionnaires were sent and 32 returned.

The top authors were Kafka and Plath, followed by Greene, Hardy, Hesse, Orwell, Steinbeck and Tolstoy, with Dickens, Sartre and Solzhenitsyn trailing behind. The most popular novel was *The Bell Jar* (Plath), followed by *The Trial* (Kafka), *War and Peace* (Tolstoy), *The Ordeal of Gilbert Penfold* (Waugh), *Nausea* (Sartre), *Gormenghast* (Peake), *Cancer Ward* (Solzhenitsyn) and *The White Hotel* (Thomas).

The predominance of works and writers concerned with alienation, sexuality and suicide indicates an