Conclusion

Some training in psychotherapy is an essential part of postgraduate psychiatric education. In many areas, however, there are practical difficulties in arranging long-term individual supervision. Methods have been developed to teach interviewing skills to undergraduates. Research is in progress using similar techniques for psychotherapy training. This research has generated a variety of teaching materials which may allow a supervisor to use his time more effectively. It is important that psychotherapy supervision integrates different theoretical approaches, including dynamic, behavioural and cognitive. Teaching techniques drawing on these approaches are possible and seem to be acceptable to trainees.

Acknowledgement

I thank my research colleagues for allowing me to refer to work in progress. The views expressed, however, are my own.

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Making a Psychodynamic Formulation

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In psychiatry signs and symptoms are observed and arranged into diagnostic patterns or clusters. The diagnosis is the 'what' of what is wrong with the patient. In order to plan effectively, we also need to know the whys and wherefores of his state. The understanding that we have of this is expressed in the psychodynamic formulation. In preparing it we draw upon our human capacity for understanding and empathy, our capacity to read the story of the other person's reactions.

A psychodynamic formulation explains how and why the equilibrium of the patient has become disturbed, how the patient's problems have arisen and are maintained, and indicates the logic of the therapy. It is based upon information, should be expressed in simple words, and contains hypotheses that are testable and that may be modified.

In shaping the direction of therapy in psychiatric practice, the formulation is equal in importance to the diagnosis. Through it, aetiological links are made between personal disturbance and social influences, the origins of the disturbance elucidated, the probable consequences of change predicted and the likelihood of those changes occurring estimated. The formulation, therefore, serves both as a map of therapy and as a guide to which map to choose.

The ideal psychodynamic formulation contains answers to the following questions:

A. *Causes and effects*

1. To what current stress(es) is the patient reacting and why?
2. What, if any, is the meaning of the symptoms?
3. How is the stress being handled—what type(s) of defence is being used and how adequately? How is the stress related to the symptoms?
4. What biological and environmental influences have created the patient's vulnerability to this stress (1) and how? What is the history of this reaction?

B. *Maintenance factors*

5. What advantages (primary and secondary) do these symptoms confer?
6. What factors in this person's life maintain the problems?
7. How does the vulnerability of the patient engage with the vulnerabilities of the significant people in his world?

C. *Change factors*

8. What disadvantages does the patient incur? What limitations of personality or function through symp-

toms has occurred?

9. What personality strengths or assets does the patient have?
10. How open to change is the patient and significant others? Where are the points of leverage?
11. What are the probable consequences of change?
12. Does the patient want to change? If yes, how strong is the motivation, what change(s) is envisaged and how does the patient see this happening?

D. *Planning*

13. Synthesizing 1-12, what is a reasonable plan for psychotherapy (form and duration) or dynamic management.
14. What resistances and obstacles can be anticipated and when?
15. What does the patient really want from therapy?
16. Does the therapist have sufficient time, interest and relevant skills for the therapy of this patient? If not, who has?

The psychodynamic formulation as defined here encompasses both internal psychological processes, the traditional focus of psychoanalysis, and external forces in the psychosocial system in which the patient lives.

To begin with the clinician seeks information from the patient, constructs hypotheses and refines these through further enquiry. The key question to be answered is—Why is this person at this stage in his life reacting to this stress in this way?

Within the interview the clinician may gather data for the formulation from non-historical, here-and-now, and historical sources. The non-historical approach is especially useful and should be used first. Here-and-now information provides an alternative or supplementary source of data. In ordering the information, the clinician has to distinguish between three elements; these are (1) a realistic appraisal of how the other is functioning socially, (2) a feeling reaction, being the counterpart of what the patient feels, and (3) a counter-reaction, being the expression of unresolved conflicts within the clinician. The historical approach elucidates comparable information about characteristic life patterns by systematically examining personal interactions over time and identifying those which are recurrent. It also allows the development of the patient's reaction to be chartered.

In psychotherapy, my preference is to derive information predominantly from non-historical and here-and-now sources and to express my conclusions in a formulation which emphasizes cognitive and behavioural dimensions.

In making a psychodynamic formulation, the following principles should be followed.

1. Be tentative, do not ignore inconsistencies, refine constantly.
2. Stick to the facts, including the interpretation of events by the patient and the members of his system.
3. Gather information widely, not just from the patient. Ideally, observe the patient interacting in the situations in which he has difficulty.
4. Begin with reality factors.
5. Invoke depth explanations only if necessary.
6. Use simple words.

A manual is being prepared which explains what is meant by each question and how the required information may be gathered.

Forthcoming Events

A two-day course in Family Psychiatry for Psychiatrists will be held on 18 and 19 June, 1981 at the Institute of Family Psychiatry, The Ipswich Hospital. Information: Secretary, The Institute of Family Psychiatry, The Ipswich Hospital, 23 Henley Road, Ipswich IP1 3TF.

The 2nd Annual Paediatrics, Obstetrics and Psychiatry Conference of The London Hospital Medical College will be held on 30 January 1981. The theme will be 'The Foetus as a Person—Implications of Antenatal Care'. Information: Postgraduate Education Secretary, The London Hospital Medical College, Turner Street, London E1.

Cruse (National Organization for the Widowed and their Children) is again arranging a course of ten seminar and discussion groups on counselling before and after bereavement beginning 15 January 1981 and ending on 19 March 1981. Information: Dr Dora Black, Cruse, Cruse House, 126 Sheen Road, Richmond, Surrey.

The next series of clinical workshops to be held at the **Institute of Family Therapy (London)** will take place at the Institute on Wednesday mornings for 20 weekly sessions commencing on 21 January, 1981. Information: Course Secretary, 5 Tavistock Place, London WC1 (enclosing an sae).