

mental illness need not be such as to make the witness totally incapable of giving accurate evidence, but it must substantially affect the witness's capacity to give reliable evidence.

Childs, on his own admission, was a vicious and ruthless murderer. He was in law an accomplice, and Mr Irving's opinion that his 'personality characteristics' were such as to 'cast some doubt on his reliability as a witness' and to make his demeanour in the witness box an unlikely yardstick for his truthfulness was but a statement of the obvious. The necessity for the jury to exercise extreme caution in their consideration of his evidence was emphasized not only by defence counsel, but also by the Prosecution.

The jury had had ample warnings to assist them to assess the position without Mr Irving's help. Had he been allowed to give evidence on the lines of his report, he would have been usurping the function of the court and of the jury. The Courts should guard against the unnecessary proliferation of expert witnesses, and the exploration of irrelevant and collateral issues. The appeals were dismissed.

In recent years, there is a tendency to bring in a whole constellation of expert witnesses where there is some whisper of abnormality. This adds greatly to the expense and length

of a trial and rarely adds to its clarity. We must be very careful to leave the trying of facts to the jury in criminal cases and to the judge in civil ones, or we will undermine one of our greatest liberties and traditions. I do not, however, approve of trial by jury in all criminal cases; where complex fraud is alleged, a trial by assessors (a solicitor and accountant who could sit with a judge alone) would be much more satisfactory in my view, and a great deal cheaper, since counsel would waste far less time trying to impress them with rhetoric and explaining the facts. In just such a case, *R v. Bouzaglo* and others, no less than six psychiatrists were called, because one of the defendants, Bouzaglo, said he had a low IQ and was incapable of forming the intention to defraud, and had not appreciated that he was involved or carrying on a fraud. The psychiatrists were to prove or disprove this claim and to say whether Bouzaglo could have faked the tests he was given to assess his intelligence.

In my opinion, such a trend, if it is a trend, is most undesirable. The jury are there, with the help of the judge, to make up their own minds as to the capability and intelligence of the witness, and a string of psychiatrists expressing conflicting views is unlikely to be of great assistance to them.

## ***Teaching Dynamic Psychotherapy***

***Report of a conference organized by the AUPP and held at University College, Oxford 17-19 March 1982***

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Until recently the teaching of dynamic psychotherapy received little constructive attention. Training was limited, like the therapy itself, to a select few whose motivation propelled them through arduous, expensive courses in the analytic institutes or the few provincial diploma programmes. Most psychiatrists and clinical psychologists qualified without exposure to or formal instruction in the dynamic psychotherapies.

The situation is changing. There are now more specialist psychotherapy training posts in the NHS, the number of consultant posts in psychotherapy has increased, and experience in dynamic psychotherapy has been recommended by the College for all trainees in psychiatry. Nevertheless, enormous problems remain. The organization by the Association of University Teachers of Psychiatry in conjunction with the Oxford University Department of Psychiatry of a conference on the teaching of dynamic psychotherapy was therefore timely. More than one hundred psychiatrists and psychologists attended, from all parts of the United Kingdom and other European countries.

The driving rain which hailed our arrival at University

College seemed to foretell the formidable tasks facing the conference. Could we, the committed, agree on realistic goals and effective methods for psychotherapy training which would convince even our more sceptical colleagues? Did we have the tools and resources with which to train both those eager to learn, and those whose psychotherapy experience could become merely a resisted requirement of a general training in psychiatry or clinical psychology? Fortunately another aspect of external reality, the traditions of learning and enlightenment imparted by our historical setting, permeated the conference. A tightly organized programme of plenary and small-group sessions stimulated an informed exchange of experience and ideas.

The proceedings were initiated by HEINZ WOLFF (London), whose succinct overview served both to set down themes which were repeated and developed throughout the following two days, and to illustrate *in vivo* how the essential theoretical principles of dynamic psychotherapy could be taught lucidly in didactic fashion. In recognizing the synonymy of overview and supervision, he emphasized the central importance of the supervisory experience. The role of

didactic teaching and the importance of personal therapy were debated, but the focus of the conference was on the imperative experience of doing psychotherapy under supervision. Dr Wolff stressed the similarity between the therapy and supervisory situations, in which therapist and supervisor respectively must create a 'facilitating environment' (Winnicott) in which understanding and insight could develop. He created just such an environment for the conference itself.

In a symposium on 'Objectives in Supervision', PAMELA ASHURST (Southampton) pointed to the difficulty for the psychiatric trainee of relinquishing activity in favour of observation and listening, of learning to differentiate his own internal issues from those of the patient, and of simply staying with the patient through pain and anger without resorting to inappropriate caretaking. She argued that supervision must mirror the expectations of therapy itself, emphasizing the supervisor's responsibility for dealing appropriately with inherent hierarchy of transference and countertransference. COLIN JAMES (Maudsley) suggested that supervision, like therapy, was about exploring dynamic issues rather than facts. The supervisor must help the supervisee to decode the patient's hidden messages, and to explore the interaction between his own psychodynamics and the themes generated within himself by the therapy situation. JIM TEMPLETON (Glasgow) asserted that the supervisor offers himself as a model to the trainee; but, with a delightful allegory, cautioned against the uncritical adoption of a teacher's style. Supervision should encourage the development of the trainee's own identity as a therapist. Despite the late hour, the ensuing discussion was lively and controversial, addressing such issues as the use of video-recording of therapy sessions in supervision, the management of the trainee's resistance, and the question of supervision for supervisors. In this *mêlée* the importance of the creative unconscious, and its several potential guises, was recognized.

The second day dawned clear and bright, presaging an illuminating symposium on 'The Supervisee's Needs'. PETER HOBSON (Maudsley) charted his own development as a psychotherapist, identifying the beginning therapist's need for a suitable patient, and for the patient to remain the focus of attention for both supervisee and supervisor. He asserted that the supervisee's skills as a therapist are developed, but not created, by training and supervision.

BRYAN O'NEILL (Tavistock) argued that psychotherapy is done with the ears rather than the mouth; and the guts rather than the mind. Likening the supervisor to a midwife, he captured the need for supervision to provide a supportive environment in which ideas and insights could be born so that, through the therapist, the patient becomes known to himself. JANE PRICE (Nottingham) entrusted her unconscious to the conference in reporting an enchanting dream in which the supervisee was manifest as a rough diamond, whose natural beauty could be enhanced by skilled and

sensitive cutting. Three crucial facets were thereby displayed which could be reflected to the patient—humour, pleasure in life, and a deep respect for its inherent mystery and beauty. JUDITH THEMEN (Oxford) noted that the task of supervision was to discover meaning in the supervisee's experience through relationship, a process which mirrored the purpose of therapy itself.

JOHN DAVIS (Warwick) then reviewed research studies of psychotherapy teaching. He posed fundamental questions. What ingredients of psychotherapy are therapeutic; and how, by whom and to whom should such skills be taught? The answers from research findings were limited but challenging, suggesting for example that 'non-specific' factors such as empathy might be more therapeutic than specific interventions. Recognition of the perilous complexities of psychotherapy research had a sobering effect on the conference, but evinced the urgent need for further careful study. It was fortunate perhaps that the evening session was devoted to an appreciation of the multifactorial delights of dinner in the seventeenth-century college hall.

The last day was opened by a courageous demonstration by PETER HILDEBRAND and a team from the Tavistock Clinic, who conducted their regular group supervision in front of the conference. A video-recording of the therapy session brought the immediacy of the consulting room to the wider audience, permitting critical evaluation both of the therapeutic process and of the role of technological aids in training. The contribution of new techniques to the teaching of psychotherapy was explored further in the final session, BOB HOBSON (Manchester) arguing in support of audio-visual aids and enumerating their potential uses. MARK AVELINE (Nottingham) described a structured training programme for group therapists which incorporated a weekly T-group. He focused on the value of distributing to the members of the group a summary of each meeting, in which a process report was amplified by theoretical observations which permitted the linking of theory to practice. JEAN KNOX (Oxford) concluded the session with a description of a preparatory induction for novice group therapists. Her aim was to increase the therapists' powers of observation and understanding through anticipation and exploration of those fears and defensive behaviours which could obstruct the therapeutic process. Her presentation illustrated the importance of active anticipation and rehearsal of feared therapy situations within the safety of the supervisory relationship.

To some extent the conference served a similar purpose. Participants were able to share their anxieties and the problems encountered in psychotherapy teaching, and thereby to gain the knowledge and determination necessary to face its challenge. We learned that, just as in therapy, there are a variety of techniques and skills in teaching and that each teacher would adopt those most suited to his own style. The conference organizers are to be thanked for showing us that there can be unity without unanimity.