

Psychiatry in the 'New South Africa'

DEAR SIRs

Dr Kaliski's article on Psychiatry in the 'New South Africa' is to be welcomed (*Psychiatric Bulletin*, June 1992, 16, 343–345). He alludes to the crux of the problem when noting that more than half of the 200 registered South African psychiatrists are "lucratively" engaged in private practice.

This situation has arisen from the neglect of the Society of Psychiatrists of South Africa (SPSA) to discourage newly graduated psychiatrists from commencing private practice immediately after qualifying. The failure of the SPSA to promote transcultural issues and community orientated services is understandable since more than 50% of their members are engaged solely in private practice.

A good beginning for psychiatry in the 'New South Africa' would be the dissolution of the SPSA and the formation of a new representative body – possibly under the auspices of the National Medical and Dental Association. One of the new organisation's first tasks should be a thorough review of the psychiatric training scheme. Transcultural psychiatry should form the cornerstone of the academic syllabus and trainees be encouraged to enter a period of higher training in the wider community before registration as specialists.

On a recent visit to South Africa I was disheartened to see many of my recently qualified peers in private practice in various shopping malls in Johannesburg and Sandton. If they continue to ignore the demands of the 'New South Africa', their colleagues around the world will be justified in continuing to ignore them.

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Psychotherapeutic models of the skiing experience

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Psychotherapy has many models to describe similar experiences.

Psychoanalytical theory has been applied to the description of the allure of downhill skiing. Balint (1987), in describing the thrill of amusement rides, states that it is the mixture of "fear, pleasure and confident hope in the face of external danger" that is the fundamental basis; that the thrill is greater the "further we dare get away from safety – in distance, speed or exposure".

I wish to report the use of techniques (mainly cognitive and group) by a trainee psychotherapist in the role of a group ski instructor.

1. *Cognitive therapy – anxiety management* techniques were used to identify the muscular tensions resulting from fear of the slope and how they prevented the students adopting a posture which enabled them to control their skis. The use of large muscle group relaxation to diminish anxiety enabled the body position to become more 'natural', to achieve better ski control. Symptom reattribution techniques were used to help the group feel the symptoms of fear as excitement and exhilaration. Modelling, of the instructor and other students, was used to show the correct posture and to demonstrate the enjoyment achieved by feeling the exhilaration. Assertiveness training was used for more timid members, encouraging them to demonstrate aggression and thereby achieve control over the slope by being more active. In the assertiveness work, issues frequently encountered in women's group work arose – allowing themselves to become frustrated inside because of being passive in situations where it was non-beneficial to be so. Behavioural testing of new techniques was a prominent part of the sessions.

2. *Group therapy* – several therapeutic factors of group therapy were evoked (Yalom, 1985). The promotion of group cohesiveness in encouraging trust among members, by self disclosure of fear and "trust" skiing exercises. The universality of experiences of skiing was identified and the instillation of hope in the less proficient members was achieved by encouragement from the "therapist" and testament from other members. Similar group processes are apparent in the all-important phenomenon of *après-ski*.

Perhaps the allure of alpine skiing may also be defined in terms of cognitive symptom mastery and a positive group experience.

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References

- BALINT, M. (Reprinted 1987) *Thrills and Regressions*. Maresfield Library.
YALOM, I. B. (Reprinted 1985) *The Theory and Practice of Group Psychotherapy*. Basic Books.

The training of psychiatrists for the developing world

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We read with great interest the article 'The Training of Psychiatrists for the Developing World' (*Psychiatric Bulletin*, June 1992, 16, 352–354). We agree with the suggestions made by the authors regarding the training needs (training methods