after transfer she would be arrested. As this was the final case for the day the court closed.

On arrival home the chairman felt that bureaucracy had defeated all of the efforts of the court. In despair he rang the adjoining hospital unit and confirmed a bed was still available. The next call was to the administrator responsible for ECR at the local unit. On being told that the ECR procedure could not be started until after Easter (this was 16.00 hours on the Thursday before) he threatened to take a certain line of action and within one minute ECR was confirmed. Within five minutes, the adjoining hospital unit was re-contacted and assured that he would confirm the ECR in writing. The divisional police headquarters was contacted and agreed to intercept the vehicle conveying the 'patient' to Holloway Prison and divert it to the hospital. Confirmation of this action was agreed by all participating agencies.

In the House of Lords on 10 February 1993, Baroness Cumberledge drew attention to the specific task for mentally disordered offenders referred to within *The Health of the Nation*, adding that the government shall be requiring that the strategic and purchasing plans of all health authorities include the necessary range of health and social services, both secure and non-secure, to enable them to respond to the special needs of this group. It is to be hoped that these plans will ensure that the current minefield encountered in directing mentally disordered offenders into the health system is cleared. Magistrates who adjudicate in the majority of petty crimes committed by these offenders would benefit from an outline of the powers they have in diverting these people away from the penal system.

The Home Office has indicated (June 1993) that they are considering the production of a booklet which could be issued under cover of a short circular that will be of use to those working in areas where they will be in contact with mentally disordered offenders. This will be warmly welcomed as it will contain key elements that have emerged from local and central initiatives which must be reflected in local arrangements if they are to be effective.

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Anthony J. Blowers, *Chairman, Surrey Magistrates' Society; Mental Health Act Commissioner*

Research foundations for psychotherapy*

Simon Wessely

The estimable Mental Health Foundation organises biannual conferences on areas in which it wishes to encourage research ideas and interest. The last meeting was on violence, and before that the needs of the mentally disordered offender. This year was concerned with research in the psychotherapies. Organised by Mark Aveline and David Shapiro (who have done much to lay to rest that old shibboleth that research and dynamic psychotherapy cannot be combined), it brought together an impressive list of researchers and practitioners of a variety of psychotherapies.

A constant theme of the meeting was the difficulties in carrying out psychotherapy research, although this often reflected a confusion between demonstrating whether something works, and why it works. The former is no harder in

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psychotherapy than any other branch of medicine—the latter presents more substantial problems.

Starting with the former objective, a variety of studies were reviewed showing the effectiveness of interpersonal, brief psychodynamic and cognitive therapies. For example, David Shapiro revealed a new psychotherapy trial from Sheffield comparing cognitive and brief psychodynamic therapies. The trial was simple, comprehensive, and found both to be equally successful.

Few seemed to question these, and other related conclusions. But the going became tougher when addressing the issue of why. Showing that a 'black box' intervention is successful is one thing, but determining which of the contents of the box is effective is quite another. Several speakers attempted to illuminate the process of psychotherapy, but many of us remained in the dark. Faced with more difficult questions, one or two speakers skipped back into jargon, meandered into political philosophy, bemoaned the lack of something mysteriously called the 'spirit of inquiry', and generally avoided the issues. Robert Elliott from Toledo made a brave effort, but, as one member of the audience put it, his attempts to determine exactly what went on in a psychotherapy session was merely an elegant analysis of normal conversation.

Some suggested that the best way forward was to ask the patient 'what worked for them', but this was firmly denounced by the entertaining Professor Robert Howard from North Western University, Illinois. He went on to crystallise what was a recurring theme—that the non specific effects common to all psychotherapies might be their most important ingredient. Howard showed how a considerable part of the improvement brought about by psychotherapy occurred with the simple act of making an appointment. If that is so, and one instinctively feels it is, then the inescapable conclusion is that waiting list controls should play no more part in psychotherapy research than in any other brand of medicine. However, Ivy Blackburn cautioned us against the erroneous belief that placebos are inert.

Howard continued that one established fact about psychotherapy is that it makes people older. The passage of time is a great healer, one which psychotherapy can equal, but not better. Howard proposed that the goal of psychotherapy is to accelerate this process—to bring about in 16 weeks what would otherwise take two years.

The problem of time concerned many speakers (although the conference was unique in my experience in that all speakers kept scrupulously to time). When, for example, should psychotherapy stop? Howard was in no doubt that the last people to decide the length of a course of psychotherapy were the psychotherapists themselves. He suggested psychotherapy was like tennis—you could always get better with still more practice. This sounded sensible, although it did betray the very evident transatlantic tendency to equate psychotherapy largely with its dynamic manifestations, occasionally with cognitive interventions, but to ignore behaviour therapy in its entirety.

A good conference, overall, but one that failed to fully get to grips with its agenda, especially concerning the need to assess the longer term therapies. Some seemed to think the problems of evaluating the longer term therapies were insoluble, but the arguments were not convincing. However, even if not insoluble, it would certainly be expensive. Despite the upbeat lecture from Michael Peckham, Director of Research and Development for the NHS, one doubts that funding for such a long-term project will be forthcoming from that source.

Many questions remain. Why are psychotherapy trials still largely concerned with a white collar, female clientele? Why do 31% of general practitioners now employ counsellors, although no one knows what they do, let alone if it works? And finally, why is cognitive therapy always 100% effective when carried out in Oxford?

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