

Second, not only does he recycle biographies and rehash plots but his critical analysis is seriously flawed. He concentrates on character analysis of the various protagonists, for example, *Macbeth*. This is well-trodden ground: William Richardson (1774), Thomas Whatley (1785) and J. P. Kemble (1786) have all offered opinions on *Macbeth's* character. The floodgates on character analysis were opened in the 19th century reaching their zenith with the Victorian critic, A. C. Bradley, and even Freud himself in his *Some Character Types met with in Psychoanalytic Work* (1916) considered *Macbeth's* character. It is not easy to say much that is original after 200 years of commentary but that does not deter Dr Jones. He could more usefully have remarked on the validity of character analysis but he does not seem to realise that this has been much disputed over the past 50 years and that criticism has entered new ground. Indeed character analysis was ridiculed in Knight's (1933) famous and influential essay, 'How many children had Lady *Macbeth*?' According to Holloway (1961), "The current coin of Shakespeare criticism condemns, as is well known, an approach to the plays through Bradleian 'character analysis'".

F. R. Leavis, one of the towering critics of the century, wrote that "Bradley's approach is, as a rule, more or less subtly irrelevant. His method is not intelligent enough" (Leavis, 1932) and "The relegation of Bradley has been complete" (Leavis, 1963). A plausible case could be made that character analysis is even less valid in opera than in literature because of the larger proportion of stock characters and highly contrived dramatic situations. In the movement known as the "New Criticism", to claim for example that the opera character Lucia di Lammermoor is suffering from post-traumatic stress disorder according to DSM-III is preposterous and misses the point. It is to confuse reality and fiction. There is an essential difference between persons existing in real life and those existing in an opera and for that reason they are necessarily portrayed in accordance with the accepted dramatic conventions of the time.

Another major failure of Dr Jones' commentary is his apparent ignorance of the concept of intentional fallacy. He betrays this by asking: "To what extent does the opera reveal his [Mozart's] thoughts?" In an influential essay 'The intentional fallacy', Wimsatt & Beardsley (1954) in the *Verbal Icon* argued that the author's or composer's intentions were not the proper concern of the critic. We cannot know from the music what they thought. Any conclusion that the composer had this or that intention is neither verifiable nor a valid statement of approval. Similarly, one cannot assume that because a poem or music moves us, it springs from the composer's own experience and reflects his true character and firm convictions. Music could be more profitably interpreted as being irreducibly plural which cannot be

tied to a single point of expressive origin in the composer. It is foolish to consider that music is about the discovery of a single hidden voice or meaning. Whatever meaning there is in music is volatile and will vary according to many factors including different conditions of listening to it.

My most serious criticism of Dr Jones' series is that he has no thesis, no unifying logic which gives his articles cohesion. Instead we have a chaos of padding, irrelevant interviews and simplistic criticism yanked together by at least some interesting illustrations. At times Dr Jones held out the prospect of a learned contribution to his subject when he mentioned deconstruction and post-modernism. Sadly, it is plain that he has little idea of the great movements in contemporary art. He confuses intrinsic criticism of the opera itself with extrinsic or metacriticism which is writing for a different end such as gaining insight into a society. The disappointed reader is left with banalities and inanities such as "Mozart was a genius" and "There are many important issues in the Ring". One is reminded of Elliot Slater's phrase: "it was so empty of insights as to be tedious".

I can only recommend books like *How to Write Critical Essays* by D. Pirie (Methuen, 1985) for advice on structuring an argument and journals such as the *Oxford Literary Review* or *Glyph* for details on criticism; until then I hope we will be spared the clichés of the amateur psychologist or the jacuzzi Jungian.

MICHAEL MORRIS

University Hospital of Wales
Heath Park, Cardiff CF4 4XN

References

- HAREWOOD, EARL OF (1976) *Kobbé's Complete Opera Book*. 9th edition. London: Putman.
 HOLLOWAY, J. (1961) 'Hamlet' from *The Story of the Night*. London: Routledge & Kegan Paul.
 KNIGHTS, L. C. (1933) *How Many Children Had Lady Macbeth?* Cambridge.
 LEAVIS, F. R. (1932) The literary mind. *Scrutiny*, 1, (May) p. 25.
 — (1963) A retrospect. *Scrutiny*, XX, p. 12.

DEAR SIRS

Dr Morris is clearly a literal and literary minded individual, who has entered this particular arena by a different door. It was not my intention to engage in a battle to the death with the juggernauts of literary criticism. His detailed letter does not require a detailed reply. All that needs to be said is that opera, as seen in the theatre, makes it possible to think about ourselves in a way that some people find helpful. It lends itself well to what Shakespeare calls the "... amending power of imagination". My articles were not meant as a masterly piece of critical analysis, but as a stimulus to thought about complex works. Dr Morris is quite wrong to suggest that comparison of

the real and theatrical worlds has no value. Just because opera utilises a musical, abstract framework, whose characters seem larger than life, is no reason to dismiss it as a fruitful area for psychological study.

Opera releases us from reality, and give us the possibility of exploring aspects of ourselves through the experience of the theatre and reinterpretation of various works. A friend who is closer to the literary world than myself suggested that Dr Morris might find it helpful to look at the end of Act II, scene ii, in *Hamlet*, where the prince plans to use the apparently false environment of the theatre to manipulate his audience in the following way:

"I have heard, that guilty creatures sitting at a play,
Have by the very cunning of the scene,
Been struck so to the soul, that presently
They have proclaim'd their malefactions.
For murder, though it have no tongue, will speak
with most miraculous organ. I'll have these players,
Play something like the murder of my father,
Before mine uncle. I'll observe his looks,
I'll tent him to the quick: if he but blanch
I know my course."

Shakespeare, *Hamlet* (Act II, scene ii).

The Maudsley Hospital
London SE5 8AZ

MARK JONES

Review of 'Working Out' by Colin Godber

DEAR SIRs

I am writing in response to Colin Godber's reference to Dr Alastair Macdonald's contribution to the 'Setting up and Running Community Psychogeriatric Teams' seminars (*Psychiatric Bulletin*, 1991, 15, 526-527). I found Dr Godber's comments both unfair and incorrect. I think it is very sad that someone who has little understanding of a subject, and, who is apparently unable to ask for more information, responds in such a flippant way.

Dr Macdonald's contribution was not intended to be an evaluation of our service – it was a description of how successful a team can be implemented, by using the skills of a multidisciplinary team, of which the consultant is a core team member.

We now have three community mental health teams for the Elderly in the Guy's & Lewisham Trust, and we are fortunate to have working within the Mental Health Unit enlightened consultants, who are able to acknowledge the skills of other professionals. To a certain extent there is a blurring of roles; however, people use their core professional skills, which is why the work is so successful. There has been no overall evaluation of the total service but there have been smaller projects which indicate its effectiveness. Perhaps if there were sufficient funds made available a more comprehensive evaluation could be made.

In response to the poverty of links with GPs and geriatricians, I suspect that even in Dr Godber's catchment area, he has better working relationships with some GPs than others. In the quality of assurance exercises that have been completed by the teams, the majority of GPs are satisfied with the service. Many attempts have been made by the psychiatrists to improve links with geriatricians – efforts continue although success is limited.

We are all trained to carry out team assessments, including the consultants. All cases are discussed and the consultants, as core team members, take an active part. All team members carry a caseload and are responsible for co-ordinating and/or implementing interventions, planned by the team. Within the team internal referrals are made for further specialist assessment and/or treatment. This ensures that the clients receive the best service that we are able to offer.

I could go on – our service is innovative and creative and has certainly helped many clients and carers; it has moved away from the more traditional approach.

Perhaps Dr Godber would like to be enlightened by a visit to one of the teams!

BARBARA GREY (Mrs)

Head Occupational Therapist – Mental Health
in the Elderly Services
on behalf of Community Team for
Mental Health in the Elderly (C)
Hiher Green Hospital
London SE13 6RU

DEAR SIRs

Having read Mrs Grey's letter, I would like to express my regret that my comments on Alastair Macdonald's account of the Lewisham community psychogeriatric team have clearly caused distress to him and his colleagues. By trying to condense too many points into too few words, I allowed my disagreement with aspects of the model and his description of it to come over as criticism of the service and his contribution to it, which was clearly unfair. I suspect that I would have reacted much less sourly had I heard his presentation live at the seminar rather than reading it in print. Had I been in that audience I could have sought clarification on the references to "by-passing general practitioners" and "vexed relationships with geriatric services, general practitioners and social services" which gave me a picture of a team cohesive within itself but not with others caring for its client group. Given some of the answers subsequently provided by Mrs Grey, I would have worded my review differently and placed more emphasis on Alastair's perceptive analysis of roles, relationships and morale within the team.

I am afraid that my proximity to the editor's deadline prevented by making such enquiries before writing, although this does underline the problem of