Letters

Psychiatry

Bernard Rimland (Letters, 16 Dec., p. 1395) raises two separate questions about my review of *Psychiatry and Public Affairs* (Book Reviews, 16 Sept., p. 1368): (i) Does a noxious psychosocial setting breed mental illness? (ii) Is psychotherapy of any value in the treatment of mental illness?

Inasmuch as the latter question is considered neither in the book nor in my review I will refrain from comment. Concerning Rimland's contention that there is an "enormous discrepancy . . . between the belief in psychogenesis of mental disorder and the actual research evidence," I wish to reiterate that noxious psychosocial settings contribute not only to mental illness but to all illness; that if the editors of the Group for the Advancement of Psychiatry (which produced the book) are to be taken to task, it is for the narrowness of their point of view. GAP's statement concerning psychiatry should be amended to read that it favors the application of general medical principles to all problems which have to do with family welfare, child rearing, and social and economic well-being. When GAP calls for a move to carry " psychiatry out of the hospitals and clinics and into the community," modern medical leadership says not "God forbid," with Rimland, but rather "Amen," and adds a prayer that this principle will be extended to include all of medicine.

During the past 10 years psychiatric leadership has called for the establishment of comprehensive community mental health centers throughout the land with programs emphasizing prevention, early case finding and treatment, and maximum rehabilitation of the permanently impaired. Federal legislation now exists to bring these centers into being. It has become clear at this juncture that the principle should be extended to bring about the establishment of comprehensive community health centers with similar objectives in relation to all illness.

In Rimland's concern that there is no clearly demonstrated instance of either a cultural or a social predisposing factor in mental illness, he is apparently unaware of the degree to which the distribution of illness centers the most grievous medical burdens in our nation right in our centers of socioeconomic deprivation. This is true not only of mental illness but also of the toxemias of pregnancy, prematurity, high infant morbidity and mortality, high death rates in children due to accidents and asthma, and a high incidence of tuberculosis and venereal disease, to say nothing of human wastage as measured by addiction, crime, and the inability to learn in school.

A modern multifactorial concept of health and illness sees life on an adaptational continuum, ranging from successful adaptations at one extreme which represents states of health to unsuccessful adaptations which encompass the various disease states at the other. In all instances there is a balance of forces between the host and a complex of causative factors which determines whether a given disease becomes clinically manifest, its severity, its duration, and its outcome. When disease is approached from this multifactorial point of view, the relevance of psychosocial factors is basic.

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. . . Rimland's letter deals with "mental illness" as if it were a single illness rather than a vague spectrum. There is substantial evidence that those entities generally agreed to be psychoses do not vary in incidence from country to country or from generation to generation. However, neurotic, psychophysiologic, and personality problems are quite another matter. Which of these is diagnosed as mental illness does vary with locale and generation. Also, there is ample evidence that environmental factors play a large role in these disorders. The influence exerted by the environment is obvious in prototypes such as children raised in institutions, adults living in institutions, soldiers in combat, concentration camp survivors, voodoo victims, and subjects in experiments on sensory deprivation. Fortunately, few in the general population undergo environmental pressures of such severity, and when the pressures are more subtle so are the symptoms. Individual susceptibility, often for reasons unknown, adds another variable. Experimentally, some subjects withstand great stress while others show maladaptive behavior with relatively slight environmental pressure.

As for the efficacy of psychotherapy, most investigators admit that standards for diagnosis, therapy, and recovery are still too imprecise to allow valid conclusions. This is especially true in the treatment of nonpsychotic mental disorders. Kiesler ["Some myths of psychotherapy research and the search for a paradigm," *Psychol. Bull.* **65**, 110 (1966)] offers an excellent review of some of these problems.

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. . . Rimland's statement that "negative results have issued from virtually all of the multitude of controlled studies which have evaluated psychotherapy" is based primarily on Eysenck's work. Astin [*Amer. Psychol.* **16**, 75 (1961)], whom he also cites, pointed out that few studies in this area exist. While Eysenck's conclusions have not been effectively refuted, the efficacy (or lack of it) of psychotherapy is not a closed issue.

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. . . Rimland cites Eysenck's article published in 1965, but in fact this was primarily a reprint of an article he wrote more than 6 years ago, where he evaluated studies almost all of which were more than a decade old. Rimland might find some recent studies of the positive effects of psychotherapy of interest—for instance, the work my colleagues and I have reported in the *Amer. J. Orthopsychiat.* [**33**, 634 (1965); **36**, 609 (1966)].

It is generally accepted that no nonsocial causes of mental illness have been clearly identified and that hypotheses of *all* kinds are still being tested. . . .

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. . . Studies of psychiatric effectiveness, whether their conclusions are favorable or not, characteristically overlook the meaning of the patient's "choice" of adaptive responses to a painful world. One may say that the patient and the person reporting spontaneous remission of symptoms are equally programmed by their experiences, but that the program elicits a different adaptation in each case. Isn't it fortunate, then, that clinical psychiatry can serve those whose programs dictate a mode of secular medical assistance? The very fact of therapy may influence the individual's "choice" of responses, but that proves nothing more than its perceived usefulness. Realistically, psychiatric insights are so influential that whether they are absolutely true or not is historically irrelevant. They came into existence to meet a need, and modern society could not be imagined without them. They are probably necessary first steps toward a true science of the mind.

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. . . If the hypothesis is correct, and I as an interested nonprofessional find the evidence impressive, that psychoanalysis does not in fact contribute to the cure of mental disease or to measurable improvement in mental health, what should the scientific community do about it? The Hoxsey clinic with its cures for cancer was eventually effectively quarantined on the basis of scientific opinion. Recently we have had the "battery additive" and Krebiozen cases. These are simpler issues and much less dangerous for the scientific community. The responsibility of the scientist in shielding the public from more pervasive *possible* frauds is even greater. If typical psychoanalysis is basically a fraud insofar as it does not deliver what it purports to deliver, *and in return for a fee*, then surely something should be done about it.

As the evidence accumulates and the minority of psychologists and psychiatrists become more vocal, it may be wise for a responsible body, such as the National Academy of Sciences, to set up a committee to study the matter before it is sensationalized by the press some years hence. One of the special difficulties that can be anticipated is that deeply religious believers in the mythical thought structure of Freudian analysis are to be found at the highest educational levels. Will such an enquiry into basic beliefs be permitted by those who feel that psychiatry has helped them personally? Has society a right to ask for such validation? I believe it has *only* as long as fees are charged. Perhaps herein lies the eventual solution to the psychiatrists' proposal reported in Linn's book review. Surely if believers in the psychoanalytic world-view were to take their rightful place as another religion or way of life, they could then carry their gospel of "psychiatry out of the hospitals and clinics into the community" as a charitable service.

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Rimland's letter reveals anger over the failure of psychiatrists to make impartial judgments about the effectiveness of their daily work and about the soundness of their theories. . . . Psychiatry and psychology are infant sciences in the 20th century, swathed in superstition and under authoritarian control. The visible inadequacies of psychiatry should be not a source of anger but rather a spur to the inquiring mind; they should also be a stimulus to scientific humility.

The psychiatrists of the 21st century will look back with amusement and tolerance (let us hope) at the psychiatry of today. Let us pray that they are that much ahead of us!

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Specialization and Medical Education

The lucid letters of Mellinkoff and King (11 Nov.) go to the heart of several of the many complex problems afflicting medical education, whereas much of the current writing on the subject is characterized by stereotypical and wishful thinking. For example, proposals to produce greater numbers of general practitioners more often reflect the myth of the old-fashioned family doctor than familiarity with the history of medicine and current medical needs and social problems. Ignored, among other facts, are the increasing mobility of the average individual and average family, and the increasing demand by the public for direct access to specialists.