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Psychiatry and Counseling



Dr. Robert Mendelsohn

I long have considered the advice of helping professionals to be one of the strongest reasons for the decline of the American family. Many of us have lost faith in the rightness of our own decisions because we've been brainwashed to think that only professionals know the answers. We've thrown aside the accumulated wisdom of fathers, mothers, grandparents, relatives and friends in our rush to embrace the new experts with their bright, shiny diplomas and certificates.

Where was it ever written that the male pediatrician--who may never have fathered a child (and certainly never mothered one)-- would be a better source of information about the needs of a crying baby than the baby's own grandmother? Who decided that the marriage counselor, perhaps two years out of school, would be a better listening post for a troubled wife than the happily married neighbor next door? By what magical rite did a 24-year-old social worker develop the ability to deal with the housing needs of a 75-year-old woman better than her corporate executive son?

In their paper titled "Psychologists: High Priests of the Middle Class," Dorothea Braginsky and Benjamin Braginsky, both Ph.D.s in social psychology, present evidence that the way psychologists look at people is determined not so much by objective criteria as by the patient's social class (lower-class patients are regarded as more ill and less likely to recover than are upper-class patients), by his political views (the more radical the patient, the more he was regarded as mentally disturbed), and by his ability to have a lawyer present (in court, a patient was less likely to be committed if he had a lawyer). The authors conclude that diagnostic labels "tell us nothing about the label, but instead reveal a great deal about the labelers and the society that they serve."

Furthermore, long-term follow-up studies show that the effects of psychologic counseling and psychotherapy are far from established. One well-known study points out that the spontaneous remission rate in patients with psychiatric conditions is 70 per cent for both adults and children. Another study, reporting on a 20-year follow-up of patients at the University of Wisconsin, compared patients who were counseled with those who applied for, but never received, counseling. This study concluded that counseling seemed to do no harm.

Now, a third study on youths in Cambridge and Somerville, Massachusetts, again compares that half who had been counseled for five years on a one-to-one basis with a personal counselor to the other half who received no therapy at all. This program began in 1939, and the result of a 30-year follow-up is now available. It shows that, almost without exception, this psychological therapy appeared to have a negative effect on these youngsters in later life in that there was a solid correlation between therapy and criminal behavior. The evidence, presented at a recent meeting of the American Association of Psychiatric Services for Children, showed that more of the men in treatment were convicted of at least one non-traffic crime, for a serious crime, and for more than one crime. The incidence of anti-social and criminal behavior was highest among boys who received therapy over the longest period of time and had the most frequent contact with counselors. The investigator, Joan McCord of Drexel University, tried to explain this astounding finding with the following statement: "It's possible

that people become too dependent on counselors, and therefore they do not acquire the skills of those who do not have therapy."

Even in my field of pediatrics, many of us are starting to question the advice of the "experts." We don't need any special talent or qualification to do so; all we have to do is look at what the experts used to tell us. Just read what L. Emmet Holt, Sr. wrote during the early 1920's in the then-standard pediatrics text:

"The practice of playing with infants and exciting them by sights, sound and motions until they shriek with apparent delight is often harmful and should be condemned."

Perhaps some day we'll chuckle just as much at the advice of today's experts as we do at that expert of yesteryear. Maybe all our families will chuckle in unison.

Q In 1971, I had a complete hysterectomy. About three months later, my husband told me I was no longer a woman and could never satisfy him again. Of course, he apologized later, but I was unable to forget what he said.

I am now 40 and he is 43. I take hormone pills, but ever since my surgery, intercourse has been painful to me, and I never reach a climax. The doctors I've seen tell me the problem is all in my mind.

My husband is a good man and a good provider, but when it comes to sex, he's a different person than he was before my hysterectomy. I know that my marriage can't last like this. Is my condition normal? I'm a miserable person in need of help, and I don't know where to get it.--Unhappy

A
*Marital
problems
after
hysterectomy*

Although it will be of small comfort to you personally, your situation is not at all unusual. It surprises me that even when conscientious doctors discuss the risks of hysterectomy in advance with their patients, they fail to mention the negative and often disastrous effects on a woman's sex life. After the fact, they ascribe post-hysterectomy sexual difficulties to psychologic causes--an unsatisfactory explanation as far as I'm concerned.

Creams and lotions may help, but they may only solve part of your problem, and treatment by psychiatrists or other counselors may do more harm than good. Since you have not been helped by doctors, I would suggest that you turn to other women who have had the same surgery. Self-help organizations have been springing up all over the country: "Reach for Recovery" is directed toward women who have had mastectomies, and similar groups exist for victims of such diseases as ulcerative colitis and lupus erythematosus. If you find that no such group exists for women who have undergone hysterectomies, perhaps you can start one.

The diseases and surgeries mentioned above carry tremendous implications for a person's sex life, and your association with other people caught in the same situation should prove educational and supportive, regardless of the viability of your own marriage.

I know that my response is far from adequate, but I hope your eloquent words will set to thinking every woman who faces the hysterectomy decision.

Q As a regular reader, I find myself in agreement with much of your advice, but I don't side with you when you state that "treatment (of a woman whose husband had rejected her after a hysterectomy) by psychiatrists or other counselors may do more harm than good." To dismiss all professional counseling and psychotherapy with one stroke of the pen closes off any potential assistance in this area. I have no quarrel with your suggestion of self-help organizations, and I frequently make referrals to such organizations as Alcoholics Anonymous, but I have learned that self-help organizations are not always capable of dealing with certain types of emotional difficulties.

Perhaps you have had negative experiences with some or many mental health practitioners. So have I. There are psychologists, psychiatrists and other physicians from whom I would openly steer people away because I know them to be ignorant or uncaring. But I don't think you are being reasonable in dismissing all of us with this kind of advice.--D.W.T., Ph.D. Clinical Psychology

A

*Psychological
and
psychiatric
counseling*

I am glad to hear you say that you, as well as I, have had negative experiences with mental health practitioners. Some of the most severe attacks on modern psychiatry are leveled by those inside the profession, such as Dr. Thomas Szasz. Szasz, professor of psychiatry at the State University of New York writes in his book, Heresies (Anchor Books \$2.95), "The moral depravity and obtuseness of modern psychiatric and psychoanalytic educators is displayed dramatically by their aim: to train young psychiatrists to be dispassionate scientists of the mind, and compassionate healers of the sick mind. But compassion without passion is as impossible as trial without error, joy without sadness."

You might be interested in a book by Jay Ziskin, an attorney with a Ph.D. in clinical psychology, entitled, Coping with Psychiatric and Psychological Testimony. Designed to assist attorneys in challenging the courtroom testimony of psychiatric experts, this book is a storehouse of criticisms of the field by the authorities within it, and Ziskin points out the great difference between the public image of the omniscient psychiatrist and the reality of his limitations.

Let me share with you some of my observations, which I admit are not supported by statistical evidence.

I am deeply concerned about the potentially family-destructive effect produced by therapists who sanction children's badmouthing their parents and husbands' railing against their wives (and vice versa). When this occurs, the patient experiences a lessening of guilt because an authority figure, the therapist, has approved (either tacitly or overtly) these damaging kinds of statements.

I know all the reasons given by psychiatrists and psychologists to justify their methods, but somehow I find these arguments less convincing today than I did 30 years ago in medical school. I have become so accustomed to seeing individual psychotherapy or marital counseling of a wife or husband eventually break up a marriage that I often view entry into such therapy as a prelude to divorce. I know that many therapists are family-oriented, but I would dearly love to see them compile statistics of the divorce rate within their own practices.

Psychotherapy has been labeled "paid friendship" by some of its detractors, but in this era of isolation and alienation, I do not oppose it for that reason. Such a relationship may be the only one available, and it may well lead to better things.

Yet if such a characterization is apt, I would like to see the therapist ACT like a friend. When I see patients in my office building leaving their therapist's office time after time wearing dark glasses and dabbing at their eyes with the ever-present Kleenex, I wonder why a patient should repeatedly leave the doctor's office feeling more unhappy than when he entered. While I am aware that happiness is not the exclusive goal of medical care, it is questionable whether psychotherapy has succeeded in achieving other objectives. I feel that one indication of the value of a therapist is his ability at least to make his client feel happier as a result of the visit.

As for self-help organizations, their major value lies in the fact that their members lack the aura of authority the professional so often has. Because patient and counselor are more or less equal, each is able

to contribute and to make reasoned judgments about the problem. While they may not have a uniformly therapeutic effect, I cannot see where such organizations do any harm.

Unfortunately, I cannot make the same blanket statement about psychotherapists. And as we both know, for all healing professionals, the first rule is always "do no harm."

Q Most people who become involved in psychotherapy, whether for saving their marriages, reforming their children, or passing the time of day, have never heard of "informed consent." Please continue to do whatever you can to make it clear to people that placing their lives in the hands of another entails very real risks.

My own marriage broke up after six months of therapy. Neither of us is or was a bad person, but giving way to badmouthing and blame in the misguided hope that it would be better for us was a downward road. And I've never known of anyone else who got through therapy intact.

I don't know what the relationship is between the hordes of counselors who do all this "good" and newspaper columnists who keep referring readers to them, but you are the only one I've ever read who didn't suggest that they were the greatest thing since corned beef hash. Therapy or counseling is completely safe for the people who are therapists or counselors; it even provides them with a living wage. But with no control group, how can one prove whether people are better or worse off for seeing them?

I'd certainly like to get my hands on some data! Stick to your guns--I wish I hadn't been so ignorant.--Sacramento Reader

A I'm sorry that your marriage was unable to survive the "help" of a therapist. I wish that yours were a unique experience, but all too many people are brainwashed to think that only the experts have the answers.

Marriage counselors

When you are faced with problems in the future, I hope you will seek the advice of caring friends and relatives and that you will believe in your own ability to make good decisions.

Q I was saddened to read the letter from the person whose marriage broke up as a result of therapy. It is certainly a common enough complaint, backed up by people like you who allow partners in a marriage to lay the blame for its failure on anything but themselves.

Your support of such a notion is ludicrous and naive, and I am forced to believe you have no knowledge of the therapy process. Many people in therapy find that the commitment to growth and change often involves releasing pent-up emotions. This can be frightening and can lead the client to believe that things are getting worse instead of better.

It's a shame that the person who wrote you was not encouraged to seek therapy through this painful period. Had she done so, the prognosis for the marriage might have looked quite different.

Certainly therapy is not the answer to all marital problems, and the end of a marriage is not always a negative resolution of what is sometimes an irreconcilable situation. But it is simply bad advice to tell people to consult friends and relatives when serious marital problems exist.

The whole point of seeing a professional counselor is to consult someone who does NOT have a vested interest in the marriage's survival or failure (as a friend or relative might). Thus problems can be aired in an open, supportive atmosphere that allows both partners to speak freely without feeling that the counselor is taking sides. Saying that we've been brainwashed into thinking that only professionals know the answers implies that we are fools for seeking professional help.--I.B.

A

*More marriage
counselors*

Call me naive, simplistic, old-fashioned or what have you, I still feel that saving a marriage is a worthwhile endeavor. Therefore I WANT those who try to influence the couple to have a strong vested interest in the marriage's survival. The counselors can keep their detached, cool, objective, value-free, professional attitudes; I'll do it my way.

Q

I am responding to your reader who says that she doesn't know of anyone who has come through therapy intact. You recommended that she rely on the advice of friends and relatives, and her own self-confidence, rather than on therapy.

I do not entirely disagree with you. I think we have come to the point where we rely too much on the supposed "magic" of the psychotherapist and his assorted associates in the mental health field. And I further believe, based on a rather painful experience of my own, that there is need for better self-regulation within the profession.

But I don't think that the only options are the extremes of either overreliance upon counseling or therapy or rejection of this kind of help altogether. Relatives and friends are not always available, and in some situations their help is inadequate.

As a good friend, I know I'm not always adequate, and I am sometimes unwilling to allow my friendships to become advice-giving or therapy-providing relationships. Furthermore, if I myself am in a crisis situation, telling me to believe in my own ability to make good decisions may be a lot like telling me to remove my own appendix.

One can get a lot from friends and relatives, but one may need professional help to get insights into why one gets into difficult situations in the first place.

Psychotherapy certainly isn't without its pitfalls for both therapist and client. On the basis of my own experience, I'd advise any person who needs help to check out present resources carefully and to decide if they're adequate. If not, he should shop around with his eyes wide open. While in therapy, he should hold his therapist responsible and should be realistic about what is possible, with or without therapy. Could you share this with your readers?--Marge

A

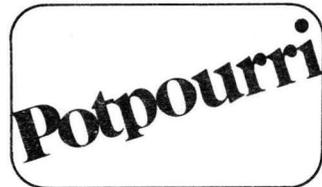
*Help from
friends and
relatives*

We really aren't in basic disagreement. Our difference lies in where we place our priorities. My first priority is family options. Let me give you an example:

A 14-year-old boy was picked up by police on a narcotics charge. His parents had already recognized certain problems of his, and he had already been seeing a psychiatrist for several months. When the parents came to me, convinced they could no longer handle the situation, I urged them to talk to other family members to see if one of them might be willing to have the boy live with them. An aunt and uncle arranged to have the boy live with them, and he visited his parents on weekends.

Although one cannot draw a conclusion from one case, after several years all involved in this particular case have done extremely well. This is the kind of approach that I label "family-centered," While psychotherapy and counseling may ultimately be utilized, they are not first on my list of options.

I'm happy to pass on your advice on how to choose and deal with mental health professionals, but first I'd urge people with problems to focus on blood relatives, friends and members of their own church before entering a client-therapist relationship.



Q

You certainly were right in warning us about the dangers of the swine flu vaccine. What can you tell us about this year's flu shots?--V.C.

A

Flu shots

J. Anthony Morris, the virologist who was the first scientist to publicly oppose the swine flu program, has now performed another important public service by bringing to our attention dangers of the new flu vaccine program. Interviewed by Jean Carper in The Washington Post, Morris calls it "foolish, nonsensical and dangerous." The Communicable Disease Center points to a study in a Florida nursing home as showing the effectiveness of a previous (A-Victoria) flu vaccine, but Morris says this study has never been published and that its conclusions are controversial.

Morris cites evidence from numerous published scientific studies which show the ineffectiveness of flu vaccines, and flatly states that, in the 16 years he spent evaluating the effectiveness of flu vaccines for the government (not surprisingly, he was fired from his post with the Food and Drug Administration's Bureau of Biologics), he never saw a flu vaccine that worked.

The Post reporter picked up a report in the Journal of the American Medical Association on the 1969 Alaska influenza epidemic in which the same percentage of the population got sick, whether vaccinated or not. Particularly important, since the government intends to promote the new vaccine for old folks, is another JAMA report of a study of flu vaccine given to residents of a home for the aged. The study concluded: "Disease incidence had no discernible relationship to vaccination."

In Morris' view, flu vaccines are inherently defective because flu is a localized disease affecting the surface of the lung, and the vaccine, placed in the bloodstream, does not reach the proper site. In Russia, highly effective but dangerous (it often CAUSES flu) vaccine is administered by inhalation, which deposits the protective substance directly on the surface of the lung.

Morris questions whether the government tested the flu vaccine on enough people--original plans called for testing 4,605 persons, but only 2,066 participated. Only 316 children below the age of 13 were tested. Morris concludes that less data is available on this vaccine than there was even on swine flu vaccine.

The elderly are nine times more likely to be afflicted with Guillian-Barre paralysis, which struck several hundred persons after they were immunized against swine flu and which may also follow other kinds of immunizations. The risk in children with chronic disease is five times as high; in adults with chronic disease, eight to 16 times higher. Morris

predicts that, in addition to Guillain-Barre, 100 of every 100,000 vaccinated persons will suffer other neurological disturbances, including persistent headaches and visual disturbances.

Since Washington appears to be waffling on the question of liability for ill effects of the new flu vaccine, Morris says it is immoral for the government to sell people on vaccinations and then desert them if harm results. While the proponents of flu vaccine feel the benefit outweighs the risk, Anthony Morris argues that it is all risk and no benefit. He provides compelling statistics to support his view.

It was largely on the basis of Anthony Morris' findings that I warned you about the swine flu vaccine. The evidence he submits against this year's flu vaccine compels me to also warn you against it.

*Defective
Vaccine*

The following item, in its entirety, appeared in the Chicago Sun-Times on September 3, 1978:

"Federal health officials said Saturday they are checking on a possibly defective batch of vaccine that has been distributed among children in 11 states. The vaccine was administered to children to prevent diphtheria, whooping cough and tetanus (DPT/triple). The states involved are West Virginia, Oklahoma, North Carolina, Washington, Arizona, Colorado, Virginia, Alabama, Missouri, South Carolina and Kansas."

As of this writing, this is all the information I have. I do not know why the vaccine was defective or what problems might be caused if this possibly defective immunizing agent were administered. Therefore, if you live in one of these states (or an adjacent state), and your child has recently been immunized with this DPT vaccine, you might want to ask your doctor whether the vaccine came from the suspect batch. I would also imagine that any doctor who administers these immunizations will be checking with "federal health officials" to determine whether his supply of vaccine is "possibly defective."

As a matter of fact, if you receive any immunization at any time, it is a good idea to ask the doctor to mark down the manufacturer's name and the identification number of that batch when he notes on your card that you have been immunized. This information may prove very valuable if damage is discovered in the future.

*Next year
at
Atlantic City?*

One of the State of the Art Lectures being offered by the American Medical Association at its Winter Scientific Meeting next December is entitled "Treatment of the Compulsive Gambler." I can certainly think of no better place to give that lecture than the site of this winter's AMA meeting-- Las Vegas, Nevada!

"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books (\$6.95).

"Confessions of a Medical Heretic" is available from WarnerBooks (\$3.25).

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The newspaper headline was mystifying, "'Shampoo Shrinks' Are Catching On." Then I discovered that it referred to a study, "Hairdressers as Caregivers: A Descriptive Profile of Interpersonal Helping Involvements," done by Dr. Emory L. Cowen, professor of Psychology, Psychiatry, and Education at the University of Rochester. In this report on 90 beauticians in the Rochester area, Dr. Cowen and an associate learned that hairdressers spent about one-third of their time concerned with customer's problems, giving advice and sometimes just listening. "Most people do not take their problems to mental health professionals," Dr. Cowen said. Instead they find hairdressers, taxi drivers, and bartenders cheaper and easier to see.

I've never had to count on a hairdresser to help me cope with life's problems. But then I've been blessed with a mother who is always willing to listen. I've taken advantage of her loving patience especially through my teens and my early years of marriage in which we had three children under three years of age. In mother, I had a caring adult with whom to share. This sharing helped me to cope as a young mother who loved her children dearly but who found herself with much to think about and talk over. So every morning I would phone mother, and although she had just gotten my younger sisters and brother out the door to school, she would greet me as if this were the bright spot of her day. She seldom gave advice and never found fault. Sometimes suggestions were gently offered. Mostly, she listened and through her caring helped me to enjoy my children to the fullest by encouraging me to follow my own inclinations in mothering, even though these inclinations were at wide variance with the mode of the times.

Apparently this kind of informal therapy is a very legitimate way of handling life's transitions. In The Psychological Society, Martin Gross describes studies which show that untrained laymen do as well and sometimes better when compared to psychiatrists and psychologists. At Vanderbilt University, Dr. Hans Stropp has done a study involving five of the most experienced psychiatrists and psychologists on the university staff and seven members of the college faculty who had no training in the field. The patients were 30 male students who presented symptoms ranging from shyness and withdrawn behavior to anxiety and depression. Half were treated by the professionals and half by the college professors who simply were asked to meet with the students and to do what comes naturally in attempting to help them. Overall, the results were the same for the trained and untrained therapists. When college students were pressed into service as group therapy leaders at a mental hospital, and their results were compared with those of psychiatrists and social workers who ran similar groups, the college students achieved better results than did the professionals!

So professional help is only one of a number of choices. What's really important is finding someone you feel comfortable with who also has the ability to lend a sympathetic ear. This often is a friend or relative. A hairdresser might leave you not only feeling good but looking even better, or you could try my mother: Besides giving a lift to your spirits and a fresh perspective on your problems, you just might leave with an apple pie!