



From the Editor

Primum non mentiri. First, do not lie. In this season of lying, do we need a new medical maxim? The ancient maxim, *primum non nocere*, 'first, do not harm', makes a straightforward point: bad medicine is worse than no medicine. You would think we should not need a revision reminding us to tell the truth. Truthfulness with the patient seems like an obvious expectation of the doctor. Hippocrates didn't bother to include it in the Oath. So why should we need the reminder now? What is going on in medicine?

The reason can be found in a recent article in the *New England Journal of Medicine* entitled "Primary Care Physicians' Experience of Financial Incentives in Managed-Care Systems." It is an article that recommends itself to clinicians for thoughtful consideration. The authors queried a large sample of California primary care physicians about the types of financial incentives they encountered in managed-care contracts, the amount of income that was generated by the arrangements, the pressure they experienced to meet the incentives, and the ways in which they felt such pressure affected patient care. Significant numbers of physicians reported that financial incentives, usually in the form of bonuses, were linked to behaviors such as not referring patients for specialist consultations or hospital procedures or to seeing more patients per hour. Further, large numbers of these physicians reported feelings of pressure to comply with the incentives, concerns that they were short-changing patient care, and increasingly less satisfaction with their work.

The authors did not ask the physicians explicitly about the issue of lying to their patients, but that is clearly what they were being asked (pressured?) by the insurance companies to do. Color it, rationalize it however you wish; if your income depends on *not* making referrals or on squeezing more patients into the hour than can be properly accommo-

President's Column

In this last year, not only of the century, but of the millennium, the *fin de siècle* urge to cast an eye beyond the here and now, is irresistible. The mere immediate present feels to have diminished to a point of unimportance. With that excuse, let me indulge in a few broader and more distant sightings.

Viewed as a whole, the twentieth century has seen the development of sustained, systematic and, yes, sometimes "scientific" examination and treatment of abnormal psychology. It has seen an acknowledgment of the importance of the study of mental disorder, and the institutionalization of psychiatric medicine and clinical psychology. At least towards its end, this century has seen the establishment of firm and clear empirical and theoretical principles explaining the complex interconnections between psychology, normal and abnormal, and biology.

That these advances had their origins in the last half of the nineteenth century is of course undeniable. Without such figures as Pinel, Esquirol, Griesinger, Kraepelin, Freud and Maudsley, twentieth century psychiatry could not have reached its present state of scientific maturity.

Nonetheless, compared to that of the twentieth century, the psychiatry of the nineteenth century reads today as muddled, arcane and unscientific. Pseudo-scientific distractions abounded, tainting the very best of empirical method and theoretical analysis. Two of these, expunged so successfully from twentieth century medicine that they risk being forgotten, were phrenology, whose influence marked almost all nineteenth century psychology; and the ubiquitous theories of degeneracy which served to cloak racism, sadism and classism. False dichotomizing was common, pitting the mentalists and vitalists against the somatists, and juxtaposing purely psychological "moral" treatment against other forms of treatment as if the two were in some way radically incompatible. The Cartesian ghost in the form of a transcendental, rational soul haunted "the machine," long after the excesses of German idealism and romanticism influencing the psychiatry of the first half of the nineteenth century. As sophisticated a thinker as William James, writing in the last years of that century, finds it necessary to interrupt his perorations again and again to appease, explain and apologize for the completeness of his naturalistic system as one without room or need for metaphysical entities like rational souls.

A hundred years from now, those viewing twentieth century psychiatry will perhaps also find distracting and irrelevant battles, false dichotomies, and pseudo-scientific byways. But what seems notable about the last years of this century is that serious reevaluations of past mistakes and other forms of intellectual house-cleaning are taking, or have taken, place.

Even those trained during the mid-century heyday of psychoanalysis, such as the new president of the American Psychoanalytic Association, Robert Pyles, have today embraced what the *New York Times* recently entitled a "humbler psychoanalysis." And we today recognize the unwarrantedly polarized stances fueling the anti-psychiatry rhetoric, and the

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dated, you will be lying some of the time, and much of the time you won't know whether you are lying or not. To our comfort, the California physicians are evidently discomfited by the process.

To appreciate the dilemma in which these physicians find themselves, we need to remind ourselves of the broader context in which they work. We live in a culture in which mendacity has come to be the expected behavior. We expect our politicians (even our president) to lie; we expect corporations to lie; we expect HMOs, as profit-driven corporate entities, to lie. We also expect HMO staff physicians, whose first priority is to

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rhetoric of its opponents, during the 1960s and 70s. Most importantly, there is today a new rapprochement across the divide so long separating those urging biological causes and cures from those committed to social, cultural and "talking" ones. Such works as Kandel's incisive "New Intellectual Framework for Psychiatry" which appeared this last summer, and Gabbard and Goodwin's writing, integrating biological and psychosocial perspectives, exemplify and review the exciting empirical and theoretical justification for this rapprochement. In his State of the Union message President Clinton said of the twentieth century that it was the American century. And surely he was right. Literally, but also rhetorically, culturally and ideologically, American might figured in the broadest schemes of things; and when it didn't dominate the world stage, still it succeeded in stealing the show.

I think it might also be said of the century whose close is so fast approaching, that it was the century of psychiatry. In the twentieth century psychiatry was an actual presence in the practices and institutions of psychiatric medicine, but also a rhetorical, cultural and ideological presence, marking all "discursive" practice. It, too, often stole the show, even when it didn't dominate the stage.

This may not be an unmixed blessing, many would hasten to point out. But, for better or worse, it is a reality. And we can at least anticipate the twenty-first century with some confidence. As had the nineteenth century, the twentieth century of psychiatry also saw imperfect theory and practice. By its end, however, through unflinching self-scrutiny as well as laborious empirical research, the profession has come far in realizing itself both as science and healing art.

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Philosophy and Psychiatry in the Media

Mind-Reading and Folk Psychiatry

Reading the latest issue of *Newsweek*, I noticed an article on multiple personality, titled "Unmasking Sybil: A re-examination

of the most famous psychiatric patient in history." I wasn't so much interested in yet another twist in the debate about the validity of diagnoses of multiple personality, as I was startled by the claim that Sybil is the most famous patient in the history of psychiatry. I hadn't previously ranked famous cases, but I suppose I thought Freud's Dora was more famous. Or maybe a criminal psychopath. But the main one to come to my mind was Hannibal Lecter, and he's fictional. I asked my wife and my students, "what is the first name that comes to mind you think of famous psychiatric patients?" "Sybil," they said. So I guess *Newsweek* was right. What this makes clear, as if it needed making clear, is the difficulty of knowing how "the public" thinks. But in understanding trends in mental health, it is useful to know what is going on in the public's mind when trying to understand trends in psychiatry. Philosophers of psychology have coined the phrase "folk psychology" for how ordinary people think about the mind; maybe the best term for what I am talking about is "folk psychiatry."

For instance, this year is the last in the "Decade of the Brain": George Bush proclaimed it so on July 17, 1990. Has public thinking about mental illness changed significantly in the last ten years, and if so, can George Bush take any credit for that? Or was Eli Lilly, the manufacturer of the antidepressant Prozac, more influential than Bush in this respect? If the public does now have a greater inclination to think of mental illness as a disorder of the brain than it previously did, how has this affected popular opinion about the responsibility of the mentally ill for their actions? Will drug addicts, now excluded from coverage under the Americans with Disabilities Act, eventually be included? On a tangentially related issue, do people really think that Bill Clinton is a "sex addict"? If so, does this mean they think he cannot control his sexual behavior? There are opinion polls for some of these issues of course, but I don't put a lot of faith in them: they seem to depend so much on the day of the week and how the questions are phrased.

What we can study is the representation of mental illness in the media. This tells us something, but we should be careful not to overestimate the credulity of the public, nor their readiness to listen to reason. Studying discussions of psychiatry on TV, in newspapers and magazines often tells us more about the way that journalists think rather than the ideas of the general public. It is sometimes informative to see which self-help books become best sellers, because they may reflect a mood of the public. Who would have predicted that Peter Kramer's

Listening to Prozac would be on the best-seller lists for so many months? The Internet is also a forum for the discussion of philosophical issues in psychiatry, and some of the self-help pages give more clue about popular ways of thinking. Finally, there's the feedback that students give teachers like myself in classes devoted to ethical and social issues in mental health.

This is all by way of introducing this new column to AAPP Newsletter readers. I will devote future columns to more specific analysis of public and political discussions of psychiatry and mental illness. I'll be looking at all forms of media, (keeping a special eye on the Internet), as a way of trying to read the public's mind. This will all be in the service of my main thesis for this column: public debates about mental health involve a myriad of philosophical and ethical issues, which regularly get ignored. My aim will be to show that philosophers of psychiatry have both the opportunity and responsibility to make those debates better informed and more sophisticated.

Associated with this column is a web page, at <http://www.angelfire.com/ny/metapsychology/aapp.html>

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Philosophy and Psychiatry: A Humanistic Perspective

Moscow Conference, Oct. 1997

At the end of October, 1997 the Moscow Group on Philosophy and Psychiatry hosted an international conference: Psychiatry and Philosophy: Humanistic Perspectives, in Moscow. The conference was co-sponsored by the Russian Mental Health Research Center and the Department of Psychiatry of Russian State Medical University.

The conference attracted a lot of doctors, researchers, and students. There were psychiatrists, psychologists, philosophers and social workers. The conference room with a capacity of 100 was overcrowded till the very end. Conviviality and good spirits could be defined as the main characteristics of the meeting.

The participation of foreign guests—psychiatrists, social workers and philosophers from United Kingdom and United States—were noteworthy and made the atmosphere more versatile, alluring, and intriguing because of the still significant differences in background and tradition between Western and Russian psychiatry and