

U.S.S.R. vs U.S. Psychiatry

► SOVIET psychiatrists have something of the quality of a no-nonsense, fatherly family doctor, but with more official authority, according to the profile drawn by a Los Angeles psychiatrist.

Dr. Isidore Ziferstein of the Los Angeles' Psychiatric and Psychosomatic Research Institute recently spent 13 months sitting in on Soviet therapeutic sessions at the Bechtyrev Psychoneurological Research Institute in Leningrad. He discovered that in comparison to psychiatry in this country, the Soviet approach is quite active and informal.

The Russian psychiatrist is definitely "in charge" during the entire course of treatment, Dr. Ziferstein said. He advises, guides and in general "reeducates" the patient, giving him values and standards that are "considered correct, realistic and socially desirable," Dr. Ziferstein said.

At the same time Soviet psychiatrists are apparently available to their patients at any time without appointment. Sessions have no set time duration (like the 50-minute hour in the United States), and may last from a few minutes to several hours.

But perhaps the most profound dif-

ference between the two approaches lies in the way emotions are handled. The Russian therapist works to establish a friendship with his patient, Dr. Ziferstein said. He offers definite emotional support and approval. As a result, his personality comes through more clearly than a U.S. psychiatrist will allow.

One therapist, for instance, would pat the patient's hands, exuding good will and enthusiasm. Another took the attitude that he and his patient were equals. Still another was lofty and scientific.

Soviet psychiatrists, Dr. Ziferstein said, believe that the doctor-patient relationship becomes a curing force only when it takes on a positive emotional character.

By contrast, American therapy, derived from Freud, is interpretive. A basic tenet has been that the more involved the psychiatrist becomes emotionally, the more he muddles a true picture of his patient's fears and conflicts, impeding a cure.

Also, American psychiatrists do not normally take a strong hand in directing the patient's values and activities, compared to the Russians.

Dr. Ziferstein became pointedly aware of this difference one day when he intervened with a Soviet patient ready for discharge from the hospital. The man was having "heart pains" in concert with his dying father. Dr. Ziferstein proceeded to interpret the patient's fears when the Soviet psychiatrist, "quite displeased," cut in and changed the topic. "He told the patient in no uncertain terms that his natural concern for his father should be channeled into action," Dr. Ziferstein said.

Later the Russian explained to Dr. Ziferstein that making a patient conscious of fearful and negative feelings can only have an "antitherapeutic" effect. The Soviet technique, instead, is to "accentuate the positive."

Because the Soviet society is a collective one, the psychiatrist and the outside world are much more closely tied than in this country.

The doctor can, for instance, direct a factory to give his patient a course in engineering and the factory is bound to do it. Or he might write the patient's trade union, with suggestions and instructions on how to treat the man upon his release.

Dr. Ziferstein found that psychiatrists in Russia are also increasingly taking on the job of public health officer. If, during a factory inspection, a psychiatrist notices that the noise level is too high or the conveyor belt too fast, he has "the duty and the power to order changes."

The contrast between such community involvement, not to mention official authority, and the traditional, almost exclusive emphasis on the individual in American psychiatry, is obvious.

Dr. Ziferstein's report was published in the American Journal of Psychiatry, 123:440, 1966.

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PSYCHIATRY

Psychiatrists Urged Into World Affairs

► THE PSYCHIATRIC profession was urged to develop a specialty in international affairs—an area in which it has so far failed "dismally," a Princeton, N.J., psychiatrist said in Des Plaines, Ill.

Dr. Bryant Wedge, director of the Institute for the Study of National Behavior, noted that psychiatry is ill-equipped at present to offer solutions on an international level. It has not taken full account of the fact, he said, that cultural background creates fundamental differences between people.

Therefore, an international specialty would require substantial education beyond the usual professional training, Dr. Wedge said.

Psychiatrists could bring unique skills to the international scene, Dr. Wedge proposed in his address at Forest Hospital. Chief among these is the practice psychiatrists get in understanding people on their own terms.