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PSYCHIATRY

The Oath of Secrecy

Confidentiality, at least for some psychiatrists,
is a sometime thing—not a cherished responsibility.

A troublesome but seldom discussed issue cropped up recently when psychiatrists and their colleagues in related mental health fields met in Washington for a yearly exchange of views.

The issue was confidentiality between patient and therapist and what has happened to it.

According to psychiatrist Thomas S. Szasz, professor at New York University's Upstate Medical Center in Syracuse, confidentiality has gone down the drain for 90 percent of psychiatry, and he focuses on college psychiatry as a prime example of betrayal. In a no-holds-barred attack, Dr. Szasz charges college psychiatrists with misrepresentation and violation of trust.

The student is led to believe his disclosures will be held confidential, says Dr. Szasz. In reality, the psychiatrist is a "double agent, or mediator," serving both the administration and the student, but "owing real loyalty to neither." And as the needs of the school or community require, says Dr. Szasz, he becomes a direct channel of communication to the administration.

In truth, psychiatrists often do have influence over the actions of college administrators. Their opinions may affect such things as grades, college admissions, dismissals and disciplinary action.

This is the "mental health team" approach and it naturally calls for psychiatrists to reveal their information on a student to one degree or another.

Not only in colleges, but in an increasing number of ways, the mental health team is affecting decisions once left solely to teachers, principals, deans, employers, judges, juries and fate. Generally, the psychiatrist as mediator is considered beneficial to both public interest and individual welfare.

But having influence over decisions affecting the lives of students, criminals and employees is incompatible with the priest-like confidentiality espoused by Freud when psychiatry was only private therapy, not a force in society.

As Dr. Szasz put it: Confidentiality, like pregnancy, must be complete if it exists at all; there is no such thing as partial confidentiality and to imply it constitutes the "supreme deceit."

To Dr. Szasz, the answer is clear: "Don't say anything to anybody." Lawyers and priests don't divulge their confidences, why should psychiatrists?

But, in light of psychiatry's modern

task, many would consider Dr. Szasz's argument outdated and he was, in fact, accused of living in the last century.

Asked if psychiatry can assume any function at all in society, he replied that it can, but the ground rules must be stated. "Patients have to know whether they are talking to a detective or a priest." As it is, the rules are not explicit and except for private therapy where confidentiality is still the rule, the psychiatrist is "defense and prosecuting attorney" rolled into one.

In college, he says, "the student is not told that if he admits to homosexuality, the university will probably know about it."

Taking issue with such conclusions, Dr. Judd Marmor of the Cedars-Sinai Medical Center in Los Angeles and past president of the American Academy of Psychoanalysis, calls the Szasz critique "exaggerated and distorted." Its effect is to "frighten and create an enormous distrust," says Dr. Marmor.

Many students can be "unquestionably helped" by psychiatrists, but Dr. Marmor notes that psychiatrists do need better guidelines by which to perform their dual function in colleges.

If psychiatrists are not going to return to their mute days, neither are they becoming messenger boys to the forces of authority, points out Dr. Fritz Redl, professor at Wayne State University, Detroit, Mich., and a leading exponent of child psychology.

"Dr. Szasz assumes total slavishness and total lack of character in relation to the establishment," says Dr. Redl. He does not mention the other side of the coin: that is, the educational impact psychiatry has on administrators.

Some of that impact is already showing, according to a recent survey of college admissions practices. Ten years ago, some 75 percent of all colleges appeared to bar applicants who admitted to having a psychiatric history. Today the figure stands at about 25 percent. And some leading universities have dropped the query about emotional illness from their application forms altogether, reports a recent issue of *PSYCHIATRIC NEWS*, official publication of the American Psychiatric Association.

The eventual resolution of the issue of confidentiality is likely to be greater sophistication on both sides—society towards psychiatry and psychiatry toward society.