

Psychiatry goes mod, accepts behavior model

Traditional psychiatry, a long-time critic of behavior therapy, has often voiced concern that behavior modification is a coercive, manipulative and controlling force that poses broad social dangers. But now it appears that psychiatry is modifying its own behavior. This month, taking a switch-rather-than-fight attitude, a task force of the American Psychiatric Association has concluded that "behavior therapy and behavioral principles . . . have reached a stage of development where they now unquestionably have much to offer informed clinicians in the service of modern clinical and social psychiatry."

B. F. Skinner, the Harvard psychologist whose name has become synonymous with the behaviorist (Skinnerian) movement, was more than pleased when told by *SCIENCE NEWS* of the task force's conclusions. His first reaction: "Oh, for heaven's sake! That's a surprise. Well, that really is an epoch-making document. . . . I like the honesty of it. A good many of those people have a terrific amount of vested interest of another kind." In a more formal reaction, Skinner said, "I certainly welcome this as marvelous evidence that psychiatry is concerned not only with the pragmatic aspect of what works, but is still open to new theories and interpretations."

For the past 20 years dynamic psychiatrists and behavior therapists have attacked and criticized each other's position. The psychiatrists based their therapy on emotional processes and unconscious motivation. The behaviorists worked only with observable quantifiable behavior. There seemed to be no common ground. Now, says the task force (made up of representatives of both schools of thought), it is time for a convergence of the two traditions.

Opening with a surprisingly flattering description of behavior modification as a powerful, straightforward and effective therapy, the report goes on to discuss what it calls misconceptions about behavior therapy. The report admits that behavior modification may present moral and ethical issues but says, "the ethical issue of control faces all therapists, whether they acknowledge it or not." In fact, the report says, "behavior therapists tend to face the issue of control more directly than do some psychiatrists."

Another argument made against behavior therapy is that because it treats symptoms rather than causes, the basic problem remains untreated, and other symptoms are likely to appear. But if this is true, behavior therapists should have encountered many instances of it. A review of the literature, says

the APA task force, shows few instances of undesirable symptom substitution. Turning to other charges, the report says behaviorists do not rely heavily on punishment or aversive techniques and behaviorists do not ignore subjective experience, the individual or the importance of personal relationships.

The task force reports that various forms of behavior modification are highly effective and produce measurable benefits. Among the problems that respond well to behavior therapy are: anxiety, phobic reactions, obsessive-compulsive behavior, hysteria, impotence, gambling, obesity and rebellious behavior. Behavior therapy has also been applied successfully in a variety of attempts to prevent mental health problems. By applying behavioral principles, the report says, teachers, counselors, social workers and probation officers can reduce emotional problems.

Behavioral techniques have been somewhat less effective with alcoholism and smoking. And, the report says, certain kinds of problems are not appropriate for behavior therapy. In particular, the patient who is having an existential crisis—"Who am I? Where am I going?"

In suggesting that psychiatry make use of behavior therapy, the report notes that there are already some points of contact between the two. For instance, the psychiatrist's nodding or saying "mmm-hmm," is a form of reinforcement often used by behaviorists. With further integration and acceptance of the principles of behavior modification, the report suggests, dynamic

psychiatry can be more effective, more accountable, and more scientific. On the other hand, there are things the behaviorists can learn from the psychiatrists. For instance, the report says, some behaviorists know very little about the clinical syndromes in which they are intervening or the patients they are attempting to help.

The report concludes by recommending that medical schools and psychiatric residency training programs expand their teaching and clinical programs in behavior therapy. "In addition," the task force says, "we hope the report will encourage further research, the development of behavior therapy training programs, and continuing inquiry by the individual psychiatrist."

These recommendations and the APA's recent presidential election suggest to Skinner that a significant shift of emphasis is taking place within professional psychiatry. APA president-elect John Spiegel, director of the Lemberg Center for the Study of Violence at Brandeis University, was the candidate of the socially oriented Committee for Concerned Psychiatrists. Spiegel's position is that psychiatry should work with, not against, other mental health and social science professions. Discussing this attitude and the task force on behavior therapy, Skinner said, "I really do feel and I really do hope this signalizes a kind of change—that psychiatrists are taking a little time out from their long preoccupation with the couch and are thinking through the political, economic and social problems related to their profession." □

Zhores Medvedev, you can't go home

The life and career of Zhores Medvedev has once again been disrupted by the Soviet Government. But this time, instead of refusing to let the scientist leave home, Soviet authorities are refusing to let him return home. Medvedev's Soviet citizenship has been revoked and his passport confiscated, leaving him stranded in London as a man without a country.

Medvedev got into trouble for, among other things, attacking Lysenkoism when it was still being preached for political reasons by Soviet scientists. From 1957 until early this year, Medvedev was not allowed to leave the U.S.S.R., and was even confined in a psychiatric hospital. Protests from scientists around the world finally forced his release (SN: 2/17/73, p. 107).

Then last year, in what seemed to be a change in official policy, Medvedev was allowed to accept an in-

vitiation from Britain's National Institute for Medical Research. He was issued a passport and given permission to spend one year in London. But the change of policy was not what it seemed to be. Medvedev, even though he has been avoiding all political activity, has been stripped of his citizenship and accused of "actions discrediting the high title of citizen of the U.S.S.R."

Medvedev, who wants to go home, intends to appeal the decision to the Presidium of the Supreme Soviet. If this doesn't work, says *NATURE* in an editorial on the distinguished scientist's dilemma, perhaps the scientific community will have to come to the aid of a colleague in distress. "Is this the time," asks *NATURE*, "when invitations to Soviet scientists to attend conferences in the west should be withdrawn and participation in exchange schemes temporarily halted?"