

The Mavericks

Even with advanced mind-altering drugs, psychiatrists have only mixed results in treating emotional disabilities. But those who gather in the hills of Vermont say some behavioral problems can be prevented... without chemicals.

BY JOEL GREENBERG

Behavioral science has undeniably entered its own era of mechanization. Strict drug regimens are prescribed for all manner of emotional disturbances, much as antibiotics are for infection. A depressed person may be said to have "unipolar affective disorder" and be placed on one of several powerful, mood-elevating substances; alternately ecstatic and sad individuals are "manic-depressive" and prescribed lithium; even phobics who are irrationally fearful of open spaces are now being found to "respond" to antidepressant drugs (SN: 5/26/79, p. 340). And in a recent issue of a prestigious child psychiatry journal, a group of Yale University researchers report that biological factors may be at least partially responsible for violent juvenile delinquency.

Still, biological psychiatry has not achieved the precision of physical medicine — at least not yet. Drug treatment, while helpful to many severely disturbed persons, has produced mixed results at best; it is often used simply to enable a person to benefit from traditional psychotherapy — a task the drug by no means accomplishes in all cases. And though psychotherapy itself works for some persons, it has yet to be accurately determined how often this occurs, with which patients and by which of mountains of methods, ranging from behavior modification to traditional psychoanalysis.

In spite of—or perhaps because of—the questionable success rate in treating emotional disorders, a growing core of professionals is pursuing what might be called the ultimate behavioral approach: *preventing* mental illness. "It's like putting fluoride in drinking water or screening people at the airport," says University of Vermont psychologist George W. Albee. "Primary prevention works with people who are not yet affected [by significant behavioral disturbances]."

Ironically, Albee and most others championing this "vaccine" approach eschew the neurochemical school of behavior that attributes mental states predominantly to the balance of brain chemicals at any given time. Their opposition stems from a

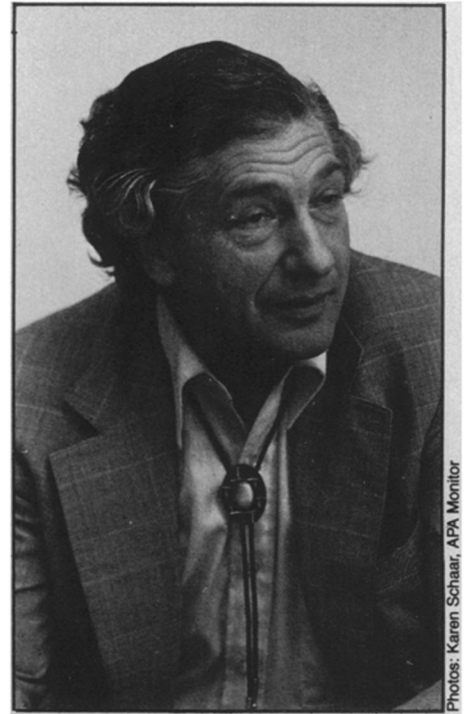
strong skepticism of the idea that medical science holds the key to explaining and dealing with mental problems. To those riding the new wave of biopsychiatry, such a view places these preventionists somewhere between *Australopithecus* and *Homo erectus* on the evolutionary scale — at least as far as dealing with significant mental illness is concerned.

"Mental illness is probably in large part genetically determined and is probably therefore not preventable, at most only modifiable," University of Southern California psychiatrists H. Richard Lamb and Jack Zusman write in the January *AMERICAN JOURNAL OF PSYCHIATRY*. "Even that it can be modified is questioned by many and there is little hard evidence one way or the other... Prevention's appeal must be resisted by mental health professionals lest it become a glamorous rationalization for avoiding treatment of difficult, mentally ill persons..." Lamb and Zusman reflect the opinions of many in the "mechanistic" school of psychiatry. Says Steven Matthyse, a psychobiologist at McLean Hospital's Mailman Research Center in Belmont, Mass., "I'd be surprised if family environment made the slightest difference [in schizophrenia]."

But as far as Albee is concerned, it is the biologically oriented behavioral scientists who may be the anachronism. After reviewing research reports in the popular press dating back to 1920, Albee says he has observed "a continuing repetition of the same article, over and over again:... 'Scientists today have announced the finding of a mysterious protein, molecule or enzyme... something that they believe will unlock the key to the mystery of mental illness.'" This illustrates the thinking that "all mental illness is caused by something in the body," says Albee.

Albee and his colleagues acknowledge that today's research linking various brain chemicals to emotional states is far more sophisticated than earlier work attributing psychoses to afflictions such as epilepsy, insulin imbalance or other mysterious chemical components. Still, they warn that the current "overemphasis" on biopsychiatry reflects a dangerous, "kind of pervasive notion... to treat the victims but to blame the victims." Albee says, "There is really an attempt to avoid the redistribution of power and maintain the status quo; and I think the [biochemical] model is very adaptive to this — If you don't have to blame social problems on creating pathology, you don't have to do anything about them."

The President's Commission on Mental Health estimates that 35 million Americans suffer from serious emotional prob-



Iscoe: Turning disease into disability.

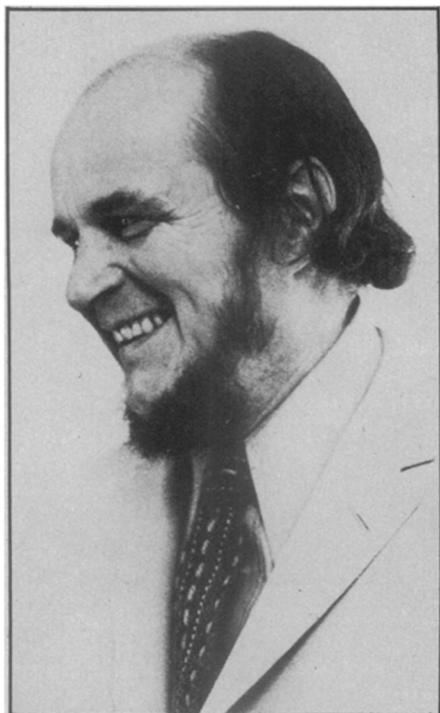
lems. If Lamb and Zusman and those who agree with them are right, Albee says, somewhat tongue in cheek, "then we may have a real genetic disaster on our hands."

It's not that Albee totally rejects the involvement of brain chemistry in behavior. It's that, unlike proponents of biochemical *causes* of emotional disorders, he and many of his followers believe that chemical deviations may *result* from environmental stresses. "It's possible that things that happen to people socially cause a change in their blood system," he says. "When Harry Harlow's motherless monkeys were adults, they could be differentiated in terms of blood factors from other monkeys (SN: 8/27/77, p. 139)."

"It's quite possible... that things that happen to infants in the first six months of life could sow the seeds of schizophrenia — whatever that is — and could result in very different blood chemistry when they're adults. I'm not sure that changing the blood chemistry [with antipsychotic drugs] is going to cure the schizophrenia... I'm not at all opposed to treatment — I think it's the humanitarian thing to do. But it's not prevention."

What *is* prevention? For the past five years, psychologists, psychiatrists, social workers, historians, political scientists, even poets, have gathered at the University of Vermont to debate the question. The conference — dubbed the Vermont Conference on the Primary Prevention of Psychopathology and funded by the Wat-

of Prevention



Albee: Psychological "fluoridation."

ers Foundation — has examined personal, interpersonal and environmental contributors to a wide range of behavioral difficulties in children, adolescents, adults and the elderly.

What started out as a meeting of a few dozen participants in 1975 has grown to a gathering of several hundred at the most recent session this summer. Over the years, strategies have been formulated for "early intervention" in "high risk" groups such as recent divorcees, children of psychotic parents, nonworking, "isolated" mothers and others. "If we can't [prevent] the possible genetic or biochemical link [to emotional disorders], we can certainly do something about the environmental reciprocating parts," says Albee.

Some of these plans have been incorporated into recommendations to the President's Commission on Mental Health, whose task panel on prevention was coordinated by Albee. As a result, the commission recommended that a \$10 million a year center for prevention be established within the National Institute of Mental Health. That plan has since been diluted and delayed by red tape and opposition, and Albee says, "I think it's clear now that the idea of a center [as originally conceived] is dead."

Nevertheless, he acknowledges that "across the country, an incredible interest in prevention has developed in the last four or five years. Certainly we can't credit this conference with being *the* factor, [but]

I think it has been *a* factor." The meeting has influenced more than those who trek to the upper Vermont foothills each summer. Books produced from each of the conferences are distributed to universities and colleges in developing countries as well as in the United States, according to Albee. "We see this conference as the only one in existence that deals with the underlying theory and most carefully done research in the field," he says.

VCPFP, as the nimble-tongued are prone to calling the conference, was born in 1975 out of Albee's dream and James and Faith Waters's bank account and their commitment to mental health. "I've always believed in the predominance of environment in how we function," says James Waters, a Massachusetts businessman. The Waterses first met Albee through their daughter, Barbara, who took a course from Albee at Harvard University summer school. "George said one of his dreams was to have a conference like this, and it was our belief that society would gradually develop itself by improving its competence," Waters says. "Medicine does not treat the healthy, it treats the sick — If you're going to solve the problem of mental illness, you make it possible for society to become twice as competent. . . . Prevention should be aimed at the *most* qualified," he adds, such as young business and professional leaders who will have great impact on the future lives of many.

Ira Iscoe, a psychologist and director of the University of Texas Community Psychology Training Program, believes the focus of most prevention efforts should be on children and their families. Iscoe acknowledges that severe psychoses such as schizophrenia may very well stem from biological or genetic defects, but he says prevention can still play a role in such cases. "Mental illness, particularly schizophrenia, is going to be here to stay — you're not going to wipe it out," he says. "The question is not whether you're going to prevent schizophrenia, but whether you're going to deal with it in a more effective way in the community."

Studies indicate that persons diagnosed as schizophrenics show signs as early as third grade of deficiencies in reading ability and other areas, according to Iscoe. "That's where massive intervention comes in — you have to retool the [educational] system and 'double team' the kids who need it," he says. Similarly, documented interaction problems in families of schizophrenics could be approached early in the child's life.

"If we can't prevent it completely, we could help the child to be a more competent, functioning schizophrenic . . . [and]

turn a disease into a disability," says the psychologist. "Man is a sociobiological organism. Presently, the treatment of choice for schizophrenia is medication, but the environmental conditions under which it [schizophrenia] occurs are also important.

"We're not going to save the whole world, but my worry is that people don't want to test things to see if they work. We found out a lot about the atom, but that didn't preclude [our] building bridges. If it turns out that most psychotic behavior is caused by lead poisoning, then we should change our policy [concerning prevention], but until then, we must learn more about different types of preventive approaches and how they fit into society."

Even if unlimited funds and manpower were poured into prevention, Albee says that, realistically, "I don't believe we're ever likely to reach a utopia. When the small family farm was the model, when 80 percent of the people worked in the home or on the family farm — each separate, independent producers — we had a situation where life was far more healthy and meaningful for kids," he says. "I'm not so manic or nostalgic to think [we] could get back to that. But I think there are things that can be done to reduce pathology even given the present inequitable economic system. We need to use social science in planning — I don't want to get into the . . . act of doing things for a small number of people without really being concerned with what produces [emotional disorders]."

Kenneth B. Clark, like Albee a former president of the American Psychological Association, suggested perhaps the most radical form of prevention several years ago when he advocated dosing national government leaders with a "peace pill" to prevent war. Clark showed little evidence of mellowing when he arrived in Vermont for this year's conference. "I believe in the biosocial approach [to prevention] — including environmental and biochemical measures," he says. "There will be a time when general temperament and perspective will be controllable. . . . The biochemical approach does not relieve us from considering environmental aspects [of mental illness]," he adds.

Albee says he concurs with Clark and suggests that "in primary prevention we attempt to prevent the arbitrary use of power in ways that damage others or reduce their opportunities, and we use our resources to help those who are most disadvantaged." Putting the theme of prevention perhaps somewhat more simply, Clark says: "I'm in favor of doing everything one can to reduce human misery." □