

ARE PSYCHIATRISTS BIASED?

Two recent studies conclude that psychiatrists tend to avoid, even scoff at, elderly patients, and that mental health professionals treat black patients differently from whites. But according to one noted psychiatrist, that is beginning to change.

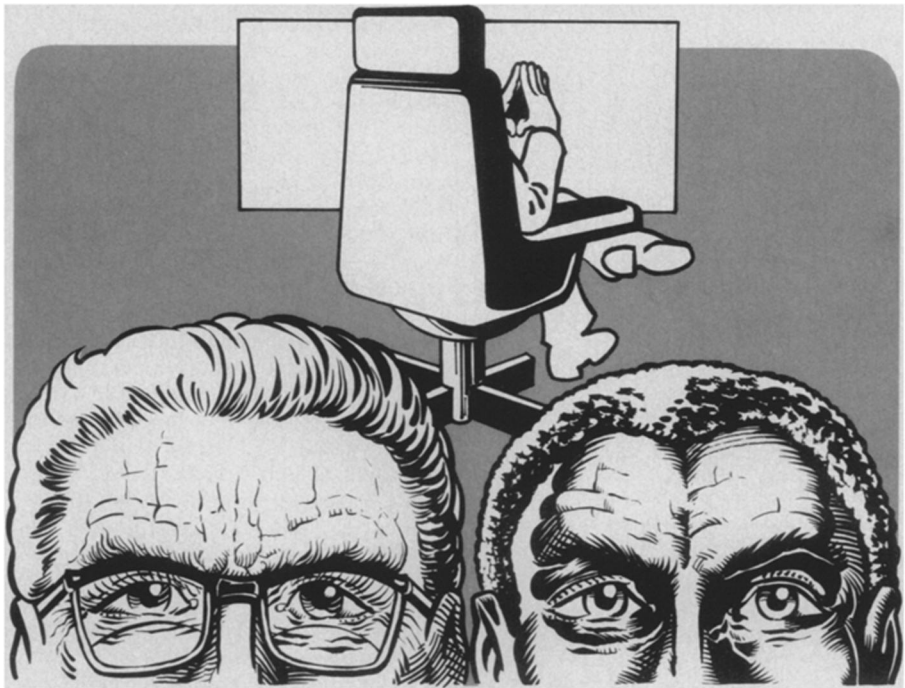
BY JOEL GREENBERG

Not far from the morning shadows of San Francisco's Civic Auditorium, the sun greets a column of groggy men propped against a methadone maintenance clinic storefront. A block away, but out of the clinic's line of sight, limousine/buses transport 11,000 psychiatrists between \$70-to-\$100-a-day hotel rooms and the auditorium, where the American Psychiatric Association annual meeting was held in May. Their ignorance of the nearby flock of lost souls is coincidental, yet perhaps symbolic of psychiatry's selectivity in deciding who is treated for emotional problems and who is not.

A number of studies have suggested that therapists — psychologists and social workers, as well as psychiatrists — prefer to treat the client who is young, attractive, verbal, intelligent and successful: the *YAVIS* (SN: 4/26/80, p. 261). Some researchers now say that the roots of this preference lie at least partially in the therapist's subtle but deep-seated bias against certain non-*YAVIS*s: specifically, black and elderly persons.

Two reports in recent issues of the APA's *AMERICAN JOURNAL OF PSYCHIATRY* examine psychiatrists' attitudes toward the elderly and the treatment of black inpatients in a psychiatric hospital ward. The results of both studies indicate that the psychiatric establishment has a considerable way to go in its handling of these two types of patients.

In their report in the May issue of the journal, University of California at Los Angeles researchers Charles V. Ford and Robert J. Sbordone estimate that although the elderly comprise 10 percent of the total population, psychiatrists spend only 2 to 4 percent of their professional time with older persons. Moreover, they cite underlying anti-elderly "negative views" — coined "ageism" by National Institute on Aging Director Robert Butler — among medical students in general. Many such students routinely refer to older patients as "gomer," "turkey" or "troll," say the re-



John Ellis

searchers. "It is readily apparent that psychiatrists are by no means unique within the medical profession in their distaste for treating the elderly," the researchers say.

It was psychiatrists, however, at whom the researchers aimed their survey instrument: a questionnaire describing four cases of specific psychiatric impairment. In each case, the psychiatrist was told the hypothetical patient was either a younger person or an elderly one; the respondents were then asked to assess the "idealness" and prognosis of the patient. The 179 returned questionnaires "revealed that the vignettes of younger patients who had problems of agoraphobia [fear of open spaces], alcohol abuse, mania and neurotic depression were rated as coming significantly closer toward meeting the criteria of being an ideal patient than older patients with the same problems," report Ford and Sbordone.

"The vignettes of younger patients who had problems of alcohol abuse and neurotic depression were given significantly more favorable ratings for prognosis than older patients." They also found that younger patients with problems of agoraphobia and mania generally received more favorable ratings for prognosis than did older persons — however, those differences did not reach statistical significance, according to the researchers. In addition, nearly one-third of the psychiatrists recommended psychotherapy without any medication for a 32-year-old woman with neurotic depression, but only 7.8 percent recommended the same treatment for an older patient with the same symptoms.

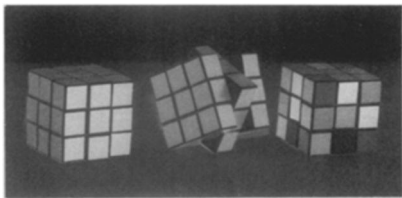
"Our findings confirm previous reports

that psychiatrists are inclined to regard older patients as less ideal for their practice than younger patients," say Ford and Sbordone. "[O]lder patients are regarded as less ideal because they are viewed as having a poorer prognosis. Why psychiatrists should regard younger patients as having a better prognosis than older patients is unclear."

Available data — admittedly limited thus far — indicate that the "prognosis of older patients with nonorganic psychiatric illness is not unfavorable," the researchers note. And in an area of conflicting evidence, some researchers report that elderly women do not necessarily become more depressed than younger ones after the death of a husband. Thus, the findings of their study suggest that the prevailing attitude among psychiatrists toward older patients "is itself reflective of prejudicial attitudes (ageism)," say the researchers. Part of this apparent phenomenon may result from "some resistance on the part of psychiatrists to become more closely involved and a tendency to approach them from a greater emotional distance by using a somatic [as opposed to a psychotherapy-oriented] therapy."

Though he had not seen the results of this specific study, APA past president Alan Stone indicates they reflect fairly accurately psychiatry's general attitude toward the aged. "There is no question [that psychiatrists do tend to] avoid older patients," he says. "There has been a feeling that little could be done." When he first became APA president, Stone "was really amazed to find that we have committees that deal with all sorts of issues — children, minorities, law and psychiatry — yet

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not any component dealing with the aged."

Stone, professor of law and psychiatry at Harvard University, established an APA Council on Aging, which he says is now a very active group. "Geriatric psychiatry," he says, "is going to be increasing in importance as psychiatrists continue to work in general hospitals and become more and more involved with older Americans.... We're finding out that lots more can be done — it may not be by traditional psychoanalytic psychotherapy, but many [old persons] are depressed and can be helped by supportive and other treatments."

Though there is an APA committee on minorities, it appears as though inpatient treatment procedures may be lagging behind the committee's intentions. In a study of 66 black and 36 white male schizophrenic inpatients, University of Illinois researchers Joseph A. Flaherty and Robert Meagher report evidence of "racial bias" among the staff toward the blacks; they attribute it to subtle stereotyping and the staff's greater familiarity with whites.

In comparing the two groups in the June issue of the journal, the scientists found that the black patients:

- spent considerably less time in the hospital (a mean of 29 days, compared with 49 days for whites) and often left "against medical advice";
- were given antipsychotic drugs significantly more often;

- were in seclusion or restraints for nearly eight of every 10 days of hospitalization (compared with less than five days for whites); and
- received far fewer privileges and less recreational and occupational therapy by discharge time than had whites.

After studying the symptoms of each patient and examining the results of psychiatric rating scales, the researchers "feel confident... that there were no major differences in global pathology between black and white patients. Based on their measured treatment differences we conclude that there is some indication of racial bias... this bias is not due to hostility or contempt for black patients but from subtle stereotyping and greater familiarity with and preference for white patients."

Stone acknowledges that "we live in a racist society, and I think psychiatrists have to confront this." While he concurs with the researchers that black professionals may find it easier to establish rapport with black patients in certain situations (Flaherty and Meagher called for recruitment of more blacks), he suggests that some psychiatrists should make a greater effort in dealing with minorities. "I don't believe it's impossible for a black person to talk to a white person," Stone says. "[But] the white person talking must have some sophistication and insight. And I'm not prepared to say that all psychiatrists have this." □

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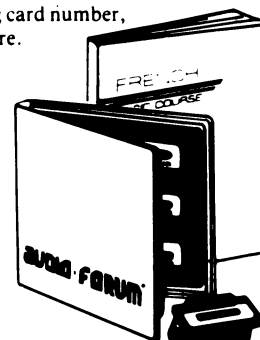
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