

RADIO AND T.V.

March 1965

17th. B.B.C. 2. Professor A. T. Lambo of Nigeria and Professor G. de Vos, an American anthropologist, discussed the varying manifestations of insanity in Nigeria and Japan. Professor Lambo mentioned that depression and perversions were virtually unknown among the rural Yoruba people though there was no less mental illness altogether there than in New York. Excerpts of the Nigerian film, "I am a Madman", were also shown.

18th. B.B.C. Light. Dr. Hugh Freeman talked in "Woman's Hour" about claustrophobia and agoraphobia.

28th. B.B.C. 1. In "Meeting Point", parents of mentally handicapped children discussed their problems.

April 1965

1st. B.B.C. Light. In "Woman's Hour", Morag Coate described her reactions to mental illness.

7th. B.B.C. Third. A programme written by David Thomson on legends and fact about symptoms and cures of lunacy from the early days of Christianity to the nineteenth century.

12th. B.B.C. Light. Excerpts from the proceedings of the N.A.M.H. Annual Conference were broadcast in "Woman's Hour".

Personal VIEWPOINT

A Patient's View of Psychotherapy

This is a shortened version of a paper which appeared recently in *The Lancet*, and is reproduced by permission of that journal and of the author. It has already aroused much discussion among professional workers.

My nervous breakdown began with irrational panics which were extremely alarming, since they had no apparently logical basis, and my family doctor, after considerable hesitation, arranged a consultation with a psychiatrist.

I was advised to accept in-patient treatment, and I entered a mental hospital. I was diagnosed as a psychoneurotic and sent for treatment to a separate unit of the hospital.

In the unit I was introduced to the Alice-in-Wonderland world of group psychotherapy. The discussion groups usually occupied three or four hours a day, but, in our desperation to be cured, informal groups often met until the small hours of the morning. Some of the official groups were held in the enigmatic, and usually silent, presence of a psychiatrist. Other groups were under the supervision of nurses, or more often occupational therapists, perhaps 20 or so years old.

We were encouraged to express our feelings about everything in general, including personal interreactions with each other. Heaven knows how many

millions of words were expended, to such apparently small purpose. At times the groups were sullen and uncommunicative. At other times a patient would dramatically express or confess feelings of, say, anger, hatred or lust. This reaction was what the psychiatrists wanted; but, when the tears or fuss had died down, there was no apparent result.

The unit developed a jargon and language of its own. The insistence on feelings led us to preface almost any statement or opinion with the words "I feel". Another well-aided verb was to "escape". Indeed, the insinuation of "escape" could apply to almost any situation, including oversleeping, reading in a quiet corner, or visiting the cinema.

I sometimes felt like a goldfish, swimming endlessly and hopelessly with its fellows around a glass bowl, under the eyes of psychiatrists and staff. The groups went on and on. Discussion followed discussion. We squeezed our memories and feelings like a sponge and awaited the cure. Every month or

so, an evening group was held, to which ex-patients were invited. Very few attended, and it was only too apparent that most of those who did were far from well, or whistling in the dark.

My own treatment lasted about 10 months. I finally left the unit more in a sense of desperation than of confidence. I was given out-patient treatment for almost another year with weekly individual psychotherapy.

Though I was now back at my job, I was without interest or confidence. In fact, I had developed what I can only describe as an obsession about neurosis. I sought opportunities to discuss nervous breakdowns with anybody and everybody—my friends, my family, and casual acquaintances. After leaving the hospital, I moved house, and eventually I consulted my new family doctor, who sent me to see a psychiatrist at a teaching hospital. I was given a prescription for anti-depressant drugs, plus a smaller dosage of tranquillisers. The prospect of drug treatment for a long time was anything but attractive. He told me that it would be about 10 days before beneficial

effects would be apparent, if at all. In fact, it was less than a week. There was no dramatic change, but the world assumed less sombre tones, and my obsessive chatter and ruminating about nervous troubles began to recede. I now visit the consultant every 12 weeks or so and take fewer drugs than originally prescribed.

My experiences with psychotherapy are not unique. The other day I had a discussion with another ex-patient. We pooled our knowledge of other patients, and, almost without exception, they are now taking drugs or have had ECT or leucotomy. In almost every instance these alternatives to psychotherapy have improved their capacity to deal with life. I am not happy about my need for long-continued drug treatment, but I do know that it has allowed me to handle my work with confidence and to feel hopeful for the future. Perhaps medical science will eventually come up with a better alternative, but I am convinced, by bitter experience, that psychotherapy is a doubtful, and even dangerous tool.

JAMES COX

RESEARCH and ENQUIRY

Research supported by the Mental Health Research Fund: 1954-1964

The Mental Health Research Fund was set up in 1949 and made its first grant in aid of research in 1954. From 1955 onwards, it has been spending between £20,000 and £30,000 annually on research projects. These have covered an immensely wide field, from the organic chemistry of compounds supposedly occurring in the urine of schizophrenics to the psychological effects of social reorganisation of the wards of hospitals. The field is a peculiarly difficult one, in that the causes of most mental disorders are multiple and complex. With rare exceptions (of which phenylketonuria is the best known) we cannot expect to find the cause; we can only steadily increase our understanding of how each of the multiple

causes develops and interacts with the others. We must search continually to find the ways of breaking into and destroying a complex network of factors.

Spectacular results are not therefore to be looked for, but rather a steady probing along a number of hopeful lines. That this work has gone forward is attested by the collection of reprints of some of the papers written as a result of M.H.R.F. grants. Between 1958 and mid-1961, the grantees published 45 papers, and in the three years from mid-1961 to mid-1964, 60 papers and two books. These papers and books were written by 52 grantees. 85 grants were made in all, in the last ten years, and 26 Fellowships given. The average cost of a grant was about £2,000.