

# Foreign Report

## American Psycho-Ideology

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American psychiatry, having just recovered from one ideology, seems ready to succumb to another. The pattern, by now a cycle, is all too predictable, and its cost, to the profession as well as its patients, all too great.

The most recent dominant ideology, the one now losing its grip, was psychoanalysis. It was itself an antidote to a still earlier psychiatric ethos, one that had been imported from Europe in the 19th century and had brooded over the American profession through the early decades of the 20th: an ethos that had assumed that mental illness was a behavioural expression of brain disease, that disturbances of feeling and thinking were somehow caused by anatomic changes in the brain, that such disturbances were often hereditarily determined, and that in most cases there was little to treat and even less to hope for.

Such therapeutic pessimism contrasted sharply with American need, belief and experience. The nation sought a liberation from European fatalism—from the assumption that heredity determined fate, that status at birth determined status in life, and that little could or should be done about the nature and limits of man. And when psychoanalysis revealed itself, American psychiatrists embraced the new approach, born but shunned in Europe, as if it were a splendid expression of the national ideal. In their discomfort with pessimism, in their eagerness to find something that would work, in their impatience with problems that lacked solutions, they were attracted to Freud's discovery and transformed it into something American and new.

It was the environment, American psychoanalysis emphasized, not biology or heredity that primarily determined behaviour in both health and illness. The earliest years were the crucible in which character was formed, character as well as pathology; and psychoanalysis, thus interpreted, offered not only a method for undoing such pathology but also the confidence that it would be prevented by proper attention to the early family circumstances that were presumed to cause it. Cast in this way, psychoanalysis promised the golden opportunities of intervention and prevention, and many of this country's psychiatrists, imbued with ideas of progress and perfectibility, encouraged and flattered by a public that applauded solutions, applied it with the honest enthusiasm of true believers, not only to their clinical work but also beyond that, in their teachings and speculations, to every problem of social, intellectual, and artistic life.

But true belief was not enough, fuelled though it was by native optimism and unbounded hope. The expected cures proved elusive, and by the early 70s a new generation of

American psychiatrists began a turn to psychobiology: it was defects of nature, not of nurture, that most importantly accounted for mental illness. It was neurochemical factors, not traumatic experiences, that best explained it. It was genes, not bad mothering that transmitted it from one generation to the next. And it was medications, not talk, that could most effectively treat it. This was a fresh perspective, and it became the source of renewed hope and restored optimism.

There is danger, though, in the hope as well as in the optimism. The ingredients are present for another era of ideological excess. Already expectations are being raised and promises implied that psychobiology is the sole, final, and painless answer for all psychiatric conditions.

To be sure, psychobiology is well-grounded in science. It has contributed remarkably to the understanding of mental illness and to its treatment, and there are good reasons to accept and support it. But part of its attractiveness—too large a part, I fear—stems from the endemic American need, so pressing in this century, to find *some* vehicle for hope, *some* justification for optimism, *some* solution for complexity. For, unlike the previous version of psychobiology—the old, European preoccupation with brain disease that preceded psychoanalysis—this new one promises, as psychoanalysis was once thought to promise, the golden possibilities of intervention and prevention. After all, the idea of mental illness as brain disease is no longer pessimistic if that kind of disease can now be treated, and the assumption that mental illness has a hereditary basis is no longer fatalistic if genetic engineering might some day learn to correct it. But it was, in the end, just such possibilities and just such solutions that American psychiatrists thought they saw in psychoanalysis, that led them to invest so much hope in it, and that led the next generation to abandon it when neither all the hope nor all the possibilities could be realized.

It seems time, finally, for psychiatry to stop yielding to national moods and public urges. The profession is faced with problems that are ambiguous and complex, ones that will take patience and science, not enthusiasm and ideology, to resolve.

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