

LETTERS TO THE EDITOR

mental health programs. Our mistake was to close a failing old system without adequate development of a new one which could help people in their own community while they were living with their families, thereby capitalizing on existing social support. Better use of new neuroleptics, lithium and other antipsychotic drugs has helped enormously. The problem was that patients who had spent years in state mental hospitals had little or no community contacts left. Dr. McHugh takes aim at "gender reassignment surgery" as well, and here he makes a good point. It constitutes a kind of psychosurgery, a lobotomy of the sexual organs, and is misguided. However, it should be noted that it was surgeons, not psychiatrists, who were often willing and eager to perform these operations.

Psychiatry covers difficult terrain. The psychiatric patient's social environment, personal history, understanding and attitude about the illness, and brain function all influence the course of the disease. Since its inception two centuries ago, psychiatry has been involved with social institutions that have not always served the mentally ill well. Psychiatry has grown considerably during this time, and treatments have improved. But it does not create the illness it treats, and the discipline is not responsible for widespread social ambivalence toward the mentally ill and their needs. We as psychiatrists have made our share of mistakes, but to blame homelessness, gender reassignment surgery, dissociative disorders and false memories of childhood sexual abuse on psychiatry is incorrect. We can and should do more to understand, clarify, and treat the psychiatric aspects of each of these problems, but they existed long before the profession of psychiatry did.

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To the editor — Paul McHugh is concerned about psychiatry being abused. The abusers seem to be psychiatrists. I don't share his view. More importantly, it would seem that McHugh's view has enough distortion in it to warrant concern about its accuracy and validity.

McHugh quotes Lenore Terr on the lack of amnesia in victims of trauma, but it is

not clear how closely he reads the literature. While Terr notes that victims of abuse often have clear memory for their trauma and almost seem unable to not tell about it, this is in the context of 'single blow' traumas and not the repetitive trauma common in cases of Dissociative Identity Disorders (Multiple Personality Disorder). Terr is clear⁹ that children with 'multiple blow' trauma have a different pattern of remembering and that they often have amnesia and tend to recall abusive episodes "in spots, rather than as clear, complete wholes." McHugh might also be interested in Terr's statement that abused children often waver in their accusations of abusers and their completeness of memories of abuse. Memory is not perfect and amnesias do occur¹¹.

I am also interested in McHugh's evidence for his 'witch hunt' for all those therapists who misuse their licenses and the public trust. Therapists listen to their patients and try to help them understand the intrapsychic productions that are a legacy of past experience, current activity and combine with genetic inheritance and expression. When my patients tell me they are anxious, I say: "Tell me about what that's like for you." When they tell me it feels as if there is someone else commenting on their thoughts from inside their minds and that they are overwhelmed by sadness that does not make sense and has no context, I say: "Tell me about what that's like for you." I don't tell them they are mistaken. Clinicians who listen to their patients and have an inquiring stance serve their patients well. Does McHugh think that psychoanalysts are also among the poor misguided therapeutic community? Psychoanalysis is rarely credited with being anything but conservative (though this too is inaccurate as a generalization).

McHugh takes as radical a position as Szasz, whom he accuses of creating "disdain for contemporary psychiatric practices." His dismissal of the work of serious clinicians and his apparent misreading of the literature is unbecoming of a chairman of a department of psychiatry at a leading university. However, he does teach us that if clinicians and patients alike are to do the work of treatments that demand the best of all of us, then we must all become expert and join in the debate on what it is to be human. In that context I prefer thoughtful, well-researched exposition over accusation, polemics and witch hunts.

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To the editor — McHugh's Commentary "Psychiatry abused" was disappointing. He neither quoted scientific investigation nor adequately explained any current scientific understanding. More disturbingly, it appeared to me that he has an ax to grind regarding his views of the 'unscientific' nature of some topics in the history of psychiatry, including the complicated issue of repressed memories of childhood trauma and Multiple Personality Disorder (MPD).

For example, in two and one-half pages of anecdotal editorializing devoted to this topic, he referred to a 1983 study regarding the memory of individuals experiencing a single group traumatic experience, the Chowchilla school bus kidnapping. He used this one study to prove that traumatic memories are usually "amplified in consciousness." He never addressed the issue of what happens to individuals, especially children, who experience repeated, personal abuse, especially related to extreme sexual abuse and/or torture. He failed to negate any of the voluminous literature opposing his view that memories are amplified, or the literature supporting the view that severe abuse is indeed repressed.

The general tone of the commentary was accusatory in the reverse. He seems to imply that 20,000 MPD patients in the United States are liars and that it is scientifically impossible for MPD to result from repressed memories of childhood trauma. I beg to differ with him on this major point. Children's minds are indeed 'plastic', creative and naturally dissociative. It is a very natural phenomena to dissociate during a traumatic experience and children suffering repeated abuse have been shown to form 'fragmented' persona. I am not sure what happens to these persona, nor am I sure whether the sum of these persona can be technically called MPD, but they certainly allow the children the ability to 'escape' the abuse.

Also of concern is the medicolegal implications of a Commentary such as McHugh's. I envision defense attorneys for a variety of perpetrators lining up to enlist 'expert' testimony that MPD doesn't