

The First Encounter

THE THERAPY OF THE MIND

by Arcangelo Calobrisi, M.D., F.A.P.A.

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CONTENTS:

1 Sound disc

Text

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SIDE I

Therapy of the Mind: Psychiatry
The Therapist
The Patient
Psychotherapy

SIDE II

Psychoanalysis
Psychopharmacology
Group Psychotherapy
The Therapeutic Community
Somatic Therapies
Hospitalization
Adjustment to Life Circumstances
Patient-Doctor Relationship
Self Realization

The First Encounter

THE THERAPY OF THE MIND

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The idea of starting an audio-visual series in the field of mental health was born out an immediate real need to know more about this field, as I became increasingly aware of it in my daily contacts with people in my practice as a clinical psychiatrist.

In fact, it became apparent to me that people were either unaware or grossly misinformed about what medicine in psychiatry can offer today. It has been difficult for the public to follow the progress that psychiatry has made during the past fifty years in which time it has reversed completely its role from a purely custodial to a hopeful therapeutic one.

This has been complicated by a lingering attitude of magic and prejudice inherited from the middle ages. Progress in this field has been mainly achieved through a wholesome approach to human behavior; in that man is considered as being part of a harmonious balance of chemical, physical, psychological and social factors.

Communication in the field of mental health was further hindered by the complexity of the factors involved and the sometimes obscure language used. The fact that psychiatric jargon permeated our every-day language did not help in clarification.

It is hoped that this series will elucidate basic concepts about mental health and disease through spontaneous informal conversation on relevant topics.

The emphasis will be placed on essentials with full awareness of the limited scope to be balanced by a deeper insight.

In "THE FIRST ENCOUNTER" contemporary psychiatry in the United States is described and reference is made to the background and role of the therapist, the different therapeutic measures and techniques with special attention to a positive doctor-patient relationship, the catalyst making all these therapies work.

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THE FIRST ENCOUNTER

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SIDE I, Band 1: THERAPY OF THE MIND: PSYCHIATRY

"Daddy, what kind of a doctor are you?"

"Vivian, I'm a psychiatrist."

"What does that mean?"

"The definition of a psychiatrist is a medical specialist, a physician, who specializes in a branch of medicine and who diagnoses and treats people with nervous and mental disorders. This definition comes from the Greek words of 'psyche' and 'iatreia', which literally means 'the therapy of the mind.'"

SIDE I, Band 2: THE THERAPIST

That was a question, from my eleven-year-old daughter, which is asked me very frequently by people of all ages and from all walks of life. Many times at the end of a busy day I ask myself whether it wouldn't be a good idea to have some form of communication which would clarify so many confusions about the issues pertaining to the complex field of mental health. For instance, how does a patient select a doctor who can competently and adequately take care of his difficulties? Well, in the general field of therapy, or psychotherapy, in this country today, there are various forms of therapists. There is the psychiatrist, and the psychoanalyst, the psychologist and social worker. A psychiatrist is a physician who has completed his medical training and has had five years of additional training in the field of mental and emotional and nervous disorders, and who is actually the nucleus for what we call today a therapeutic team approach. A psychoanalyst is a physician, or a non-physician, who has had additional training in psychoanalytic techniques. A psychologist is a non-medical specialist, who has had special college training which might lead to a doctorate in psychology, who mostly diagnoses patients by administering specialized diagnostic tests, so-called psychological tests, and also does psychotherapy, but this is usually done in conjunction with a medical therapist. Social workers are part of the ancillary team in that they diagnose the social environment of the patient and frequently they also are allowed to apply some form of psychotherapy under medical supervision.

SIDE I, Band 3: THE PATIENT

The forms of illnesses and disturbances which would bring a patient in contact with a psychiatrist are many and they could be summarized as follows. People who are affected by disturbances of the mind due to some organic cause like infections of the brain or tumor of the brain are treated by a psychiatrist. Patients affected by mental deficiency,

patients affected by so-called psychoses which are the major forms of mental illness, patients with neurosis -- that is, people usually plagued by constant and consistent and chronic anxiety -- benefit greatly from psychotherapy. People who have developed so-called psychosomatic illnesses, which means that they have developed a serious illness which was in great part caused by a psychological difficulty, do well with psychiatry. Also, we see a lot of patients who have personality problems or, as we call them sometimes, character disorders, which include drug addiction and alcoholism. And a great number of people who succumb to the stress of everyday life and modern mechanization, and who develop so-called situational reactions.

One of the great difficulties which is encountered in the field of mental health is to know when to consult the specialist and whom to consult. As a matter of fact, this area of medicine has been permeated by a tremendous amount of preconceived ideas which have colored the entire field with an aura of magic and superstition. If one goes back and surveys the history behind psychiatry, one can see that this resistive, antagonistic attitude -- sometimes I would say a fearful attitude -- is justified by the facts. We've found out that these diseases were recognized very well at the time of Greek and Roman medicine, and at that time some type of somatic explanation was attempted on the part of these physician-philosophers. In fact, for an example, melancholia -- which means depression -- combined a Greek word which literally meant 'black bile.' Hippocrates felt that this disease was due to an excess of 'black bile' in the blood. However, right after this isolated bright spot in the history of medicine we plunge into the Middle Ages and the darkness of the Middle Ages, where emotional ills were treated as though they were part of a bad criminal situation and the patients were considered to be possessed by demons for many, many hundreds of years, so that you would find the mentally ill in prisons and treated actually with a tremendous amount of hostility which was probably the result of the lack of understanding of the nature of these disturbances.

We have to go all the way up to the beginning of the nineteenth century to find some understanding of these patients, when, for instance, for the first time they were considered sick people and not criminals. The names of Desantis in Italy, Philip Pinel in France, Harry Tuke in England, Benjamin Rush in the United States are related to what was called at that time humane treatment. These people went into the jails and they unchained, freed the patients, and treated them in a hospital set-up for the first time. Of course at the end of the nineteenth century, with the tremendous growth of medicine in toto, we find people like Kraepelin and Bleuler and Freud and Adler, Jung, Adolf Meyer in this country, who have laid the groundwork and the pioneer work in the understanding of these illnesses.

However, it was not until the Second World War that psychiatry has grown to its tremendous stature as result of intensive work which was done for the people in the service, so that psychiatry today has become a very substantial part of medicine with a workable insight for the basic causes of these ill-

nesses, which incidentally include a somatic factor, an environmental factor, a social factor, a cultural factor and all of these factors are evaluated and treated when a patient comes to a psychiatrist for help.

SIDE I, Band 4: PSYCHOTHERAPY

What can a patient expect from the modern psychiatric armamentarium? Well, once the referral is made, usually by a family doctor, or an agency, or a member of the clergy, or just a friend, the patient receives a complete medical and psychological evaluation. Once the preliminary diagnostic data have been gathered, the therapy begins immediately. Many of us believe that therapy begins with the very first contact. Then the patient will be selected for any number of special therapeutic techniques, of which the most fundamental and most complex, I would say, is what we call psychotherapy. Now, psychotherapy by definition means to apply a therapeutic measure to the emotional disturbances by allowing the patient to understand better his circumstances, or just by giving the patient a helping hand. In fact these two basic variations of therapies are known as 'analytical oriented' or 'dynamically oriented' psychotherapy or psychoanalysis, and what we call 'supportive' type of psychotherapy. Now in the analytically oriented therapy the patient is guided to recognize the so-called unconscious conflicts which might be behind his anxiety, with the assumption that once these conflicts are recognized the anxiety would decrease. But many times and for many reasons this form of therapy cannot be applied. On the other hand one could decide to expose a willing patient to a very intensive form of uncovering psychotherapy which today is known as psychoanalysis.

SIDE II, Band 1: PSYCHOANALYSIS

The psychoanalytic technique is rather non-directive in that the patient is asked to do most of the work, under the guidance of the analyst, and it requires the presence of some basic facts like a wish to get well through those means. The 'supportive' type of psychotherapy is usually done by the patient and the doctor together, through a realistic appraisal of the circumstances and through a reinforcement of certain positive attitudes about life which will counterbalance the pessimism and the insecurities which might have caused the trouble.

SIDE II, Band 2: PSYCHOPHARMACOLOGY

The great innovation of the psychotherapeutic techniques since 1953 is the usage of what is called psychopharmacology, or chemotherapy, which means the utilization of certain specific psychotropic drugs which are aimed at the target symptoms. A drug which is known as thiorazine in this country was introduced in 1953 from France, and it was found to be extremely valuable in the buffering of anxiety. Since that time about ninety drugs have been developed, and each one of these is aimed at a certain target symptom. It is easy to understand that these drugs, although they constitute a very useful adjunct to therapy, do not cause any cures. We use them to

buffer anxiety, some of them are used to control a depressed mood, some of them are used to foster normal sleeping habits and to better alertness or appetite, and these are used alone or in combination and one should keep in mind of course that they are not devoid of sometimes very harmful side effects, and therefore should always be taken under rigid medical supervision.

SIDE II, Band 3: GROUP PSYCHOTHERAPY

Other newer forms of psychotherapeutic techniques were also introduced during the past twenty years, like for instance what is known as group psychotherapy, in which a doctor or a group leader meets with a number of patients and the problems are discussed in a group situation; this of course being very beneficial for those individuals who find it difficult to relate to other people in their everyday life.

SIDE II, Band 4: THERAPEUTIC COMMUNITY

An extension of this therapy has been known as the therapeutic community, in which patients are hospitalized, but they live together as though they were in a large family, and this of course is done under therapeutic supervision.

SIDE II, Band 5: SOMATIC THERAPIES

Other forms of therapies are known as somatic therapies. Insulin shock therapy which was introduced in the middle '30's by Dr. Sakel from Vienna, and electro-shock therapy which was introduced in the late '30's by Dr. Cerletti of Rome, remain the basic forms of somatic therapy these days. There seems to be a tendency to narrow the indication for insulin therapy, while electroshock has remained the treatment of choice for very severe depressions. Now as we work with these words I recognize that probably the word 'shock' should be eliminated from these therapies, because they mean very little to us and they in many instances terrorize the patient, who feels that he is going to be attacked by a therapeutic modality which is going to be rather brutal. In essence, when a patient receives electro-shock, in modern day psychiatry, he has been prepared by an anesthetist with a combination of drugs which will induce a slight sleep and a certain amount of muscle relaxation, whereby the application of the treatment will only lead to a sleep for a matter of ten to twenty minutes.

SIDE II, Band 6: HOSPITALIZATION

In the continuous struggle for the bettering of therapies other types of somatic therapies were introduced, but most of them seem only to have historical value today.

Many forms of modified techniques are also employed in the patient who is convalescing in order to foster his gradual and healthy return to his normal activities, and this is done through the mechanism which we call follow-up.

At this point it would be worth mentioning what is the function of hospitalization in these difficulties. The indication for hospitalization has been modified greatly over the past ten years. Most of the hospitalizations for emotional reactions is done in what is called the psychiatric unit in a general hospital. This has made things much easier for the patient and his family, and has taken some of the stigma away from the whole procedure in that these units are not identified as mental institutions or insane asylums. The periods of hospitalization are determined of course by the severity of the illness, but they have a tendency to be much shorter than they used to be. Hospitalization is most frequently used for patients who might be dangerous in a direct or indirect way, to themselves or others, or for the therapeutic separation of the patient from a member of his community or family who might have been reinforcing or producing his symptoms.

SIDE II, Band 7: ADJUSTMENT TO LIFE CIRCUMSTANCES

One of the most exciting phases in the development of psychiatry has been the mental health movement, which has been based on our very rich insight of these illnesses and projected into a preventive phase of psychiatry, by which we hope to prevent some of these illnesses before they are formed by educating the parents, the teachers, the members of the clergy, and by the permeation of this movement into other phases of our society with the major aim of improving adjustment to life circumstances. An example of this has been demonstrated by the industries and the colleges and universities who have secured the help of a psychiatric team to improve working output, working adjustment, and inter-personal adjustment via these means. The results of the first years of these programs have been very encouraging.

SIDE II, Band 8: PATIENT-DOCTOR RELATIONSHIP

However, the most important ingredients in the success of these therapies remains within the patient himself, in that he will make himself available through understanding of the nature of these problems, and also he will enhance the success of his therapist by developing the faith and confidence in his doctor which is of course the most important part of the patient-doctor relationship.

SIDE II, Band 9: SELF REALIZATION

In conclusion, it would appear that modern psychiatry, borrowing from the Biblical tradition, is out to prove that Truth and Love lead to mature self-realization, a more wholesome appreciation of things around us, and mental health.

Phonograph Records with Texts and Reading Material Associated with THE FIRST ENCOUNTER. Listed and described in detail in the SOUND OF SCIENCE GUIDE obtainable on request from Lifeways, Inc. a service of: Folkways Records, 165 West 46 Street, NY 10036

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