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THE ETHICS AND POLITICS OF COLLEGE PSYCHIATRY.

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THE PRINCIPLES OF CONDUCT GOVERNING COLLEGE PSYCHIATRISTS AND THE RELATIONSHIPS BETWEEN THESE AUTHORITIES AND THEIR SUBJECTS ARE EXAMINED. MUCH OF THE WORK OF THE COLLEGE PSYCHIATRIST CONSISTS OF CRISIS INTERVENTION. THE COLLEGE PSYCHIATRIST OFTEN OPERATES AS BOTH A POLICE INTERROGATOR AND JUDGE. THE CHARACTERISTIC FEATURE OF HIS ROLE IS ITS DIFFUSIVENESS, WHICH LEADS TO CONTRADICTORY LOYALTIES AND GOALS. WHEN THERE IS A CONFLICT BETWEEN STUDENT AND ADMINISTRATION, THE PSYCHIATRIST MUST DECIDE WHICH SIDE TO TAKE. IMPLICIT IN THIS DECISION IS HIS PERCEPTION OF THE PROBLEM OF CONFIDENTIALITY. EXCEPTION IS TAKEN TO FARNSWORTH'S ADVOCACY OF SUSPENDING THE USUAL RULES OF CONFIDENTIALITY IN A VARIETY OF SITUATIONS. THE RULE OF LAW IS RENDERED INOPERATIVE WHEN AUTHORITIES EXHIBIT BENEVOLENT DISCRETION IN ENFORCEMENT. IN PSYCHIATRIC BUREAUCRACIES SUCH AS COLLEGE MENTAL HEALTH SERVICES, SUCH RULES ARE SACRIFICED BECAUSE OF UNLIMITED DISCRETIONARY POWER. THE COLLEGE PSYCHIATRIST MISREPRESENTS HIMSELF BECAUSE HE ACTUALLY TREATS THE SOCIAL PROBLEMS OF THE CAMPUS RATHER THAN THE SICK PERSON. BECAUSE OF HIS POWER IN THERAPEUTIC INTERVENTIONS, HE IS A POWERFUL STATUS FIGURE WITH VAST POWERS OVER THE STUDENT. THIS DOCUMENT WAS PRESENTED IN PART AT THE ANNUAL MEETING OF THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION, WASHINGTON, D.C., 1967. (PR)

THE ETHICS AND POLITICS OF COLLEGE PSYCHIATRY*

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"One of the casualties in the mass murder last Monday at the University of Texas was the confidential relationship between a troubled student, Charles Whitman, and the university psychiatrist, Dr. Maurice D. Heatly. Dr. Heatly released to a news conference the text of his report on Whitman's visit to him in March, including intimate troubles of the Whitman family."[4]

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It is customary to cast discussions of college psychiatry into the framework of medicine and public health. This is consistent with the fact that psychiatric services are viewed as a type of health care and are accordingly dispensed through the school's general health program. It is inconsistent, however, with the work the college psychiatrist actually does and is expected to do. I have long maintained that the psychiatrist impersonates the medical role; actually, he is an interpreter of moral rules and an enforcer of social expectations and laws.[16] This is especially true of the bureaucratic psychiatrist--that is, of the psychiatrist who is a paid agent of a social organization, rather than of an individual patient.[21] Accordingly, if we wish to confront the nature and problems of mental health practices in colleges, we must remove psychiatry from its hiding place, the infirmary, where, housed with facilities that provide medical, dental, radiological, and surgical services, it is disguised as just another medical specialty. Only then will we be able to examine it as a moral and political enterprise.[18]

I use the word "ethics" to refer to the principles of conduct governing an individual or a group; and the word "politics" to refer to the relationship between rulers and

the ruled. My present task, then, is to examine the principles of conduct governing college psychiatrists, and the relationships between these authorities and their subjects. The role of a professional person is defined by what he does. I shall therefore describe and analyze what the college psychiatrist does, using the disclosures of eminent authorities as the basis for my account.

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According to Farnsworth,[8] "Those who work in college psychiatric services do not consider it the duty of the college to furnish extensive psychiatric treatment to all students who need it" (p. 6). The primary role of the college psychiatrist is, therefore, not that of therapist. What then is it?

Farnsworth offers this answer: "Much of the work of school and college psychiatrists consists of crisis intervention. In such situations, it may not be clear who is the patient, or more frequently, there is no true patient nor can any person be assigned that role. Any time a teacher, administrator, or student is deeply troubled about the emotional reactions of someone to whom he has a responsibility, a talk with the college psychiatrist may be helpful" (p. 8).

We are thus told, first, that "there is no true patient"

(no patient at all?); second, that "any person may be assigned that role" (anyone may be a patient?); and third, that the college psychiatrist expects to have as his clients persons who do not, themselves, feel "troubled," but who wish to define others as "troubled" (indeed "deeply" so). Farnsworth speaks of unidentified Xs who are "deeply troubled about the emotional reactions of" unspecified Ys. But we know perfectly well who these Xs and Ys are: administrators and faculty members have the privilege of incriminating students as mentally ill; students have the privilege of incriminating their fellow students as mentally ill; but students do not have the privilege of incriminating administrators and faculty members as mentally ill. In the social context of the school, as elsewhere, the role of (involuntary) mental patient is assigned to the low men on the totem pole of social power.

A statement on the next page supports this inference: "What the psychiatrist learns from the care of troubled students gives him the appropriate material for helping his colleagues in the academic disciplines to work more effectively with their students. When psychiatrists work in cooperation with deans and other faculty members on behalf of students, a great many people in the institution become skilled in

identifying, understanding and helping troubled students. If the college psychiatrist did not share his knowledge of the student in a general way with colleagues in other parts of the college or university, there would be no reason for his presence on the college staff" (pp. 9-10).

The roles are now allocated, and the players defined: the student is mentally sick (he is "troubled"); the psychiatrist is a therapist (he "works on behalf" of the student); and the college faculty are assistant therapists (they will "work more effectively" with the student). But the college psychiatrist is a therapist in name only. His attitude toward anti-social conduct and confidentiality define his role as that of crime investigator, policeman, and judge.

"Library vandalism, cheating and plagiarism, stealing in the college and community stores or in the dormitories, unacceptable or anti-social sexual practices (overt homosexuality, exhibitionism, promiscuity), and the unwise and unregulated use of harmful drugs are examples of behavior that suggest the presence of emotionally unstable persons....." (pp. 17-18). Farnsworth is thus ready to regard the student who breaks laws or social customs as mentally ill and hence a fit subject for the attentions of the college psychiatrist, whether he, the

student, wants such attention or not. This interpretation is supported by Farnsworth's statement that "Those who steal from sheer perversity should be handled in one manner. Those who do so because of overwhelming emotional impulses should be referred for medical treatment" (p. 18). But "medical treatment" is here merely a euphemism for psychiatric control and punishment.

Moreover, how does Farnsworth, or any college psychiatrist, know whether or not students are guilty of these offenses? There is no mention of the accused student's rights, especially to be considered innocent until proved guilty.

The college psychiatrist appears to play one or both of two roles here: he is a police interrogator who induces the accused student to confess and incriminate himself, and then uses this information against him; or he is a judge who assumes that the student is guilty until proved otherwise. In either case, he also assumes that such students are mentally sick until proved otherwise; and he believes that his task is to divide these quasi-criminal students into two groups: those who break rules "from sheer perversity," and those who do so because of "illness."

Farnsworth thus speaks of students "who actively work out

their psychological problems in the library" (meaning that they steal and mutilate books), and who send "threatening communications....to department heads, deans, and presidents.... (Since) the people who commit these acts are usually disturbed, it is quite essential that they be handled with respect for their disabilities and that punitive attitudes be kept to a minimum" (p. 19). In plain English, Farnsworth prefers that deviant students be punished by means of covert psychiatric sanctions rather than overt legal sanctions.

The material cited so far indicates the kinds of activities in which the college psychiatrist engages and the manner in which he does so. I now want to demonstrate that a characteristic feature of his role is its diffuseness and all-inclusiveness. This leads to commitments to contradictory goals: one moment the college psychiatrist stands for one thing, the next for its opposite. The main reason for this is his unwillingness to be restrained by fixed rules. (The ethical and political significance of such discretionary behavior will be discussed later.)

Farnsworth[6] frankly acknowledges that "The college psychiatrist has a dual responsibility which at times puts him in a paradoxical situation.... (H)e is obligated to treat students

who have emotional conflicts and to keep any information which they may give him in complete confidence. He must also work with the administration to further mental health in the college in every possible way....A constant alertness to the need for keeping his various roles from becoming confused is a necessary attitude on the part of any college psychiatrist" (pp. 139-140).

The role here described is that of the mediator who tries to reconcile conflicting parties. Such a person--for example, a government-appointed arbitrator who mediates a dispute between management and labor--may, of course, play a very important and useful rule. But his efficacy, like that of a judge, depends on his impartiality or neutrality; he thus cannot be a party to the dispute (as the college psychiatrist sometimes is), nor can he be an agent of one of the disputants (as the college psychiatrist always is).

When there is a conflict between student and administration, which side does the college psychiatrist take? No clear answer is given. Farnsworth[8] asks: "Is the psychiatrist an arm of the administration or not?" and replies: "The answer to this is difficult, because in some ways he is, and in some ways he is not" (p. 19).

This hedging or self-contradiction is not isolated, but

recurs often in Farnsworth's characterization of the college psychiatrist's role. For example, on one page, we are told, as I cited earlier, that students who destroy books or engage in other kinds of anti-social conduct are proper subjects for psychiatric sanctions; yet, on the same page, only one paragraph later, we are told that "the psychiatrist is not retained by the college to be an administrator or policeman" (p. 191); while in another book[7] we are told that, "When anti-social acts are involved, however, the psychiatrist must act on behalf of the university, and he must make this clear to the patient (though action that is directed to the best interests of the student will, of course, be best for the college or university)" (p. 79).

Similar contradictions--or affirmations of mutually exclusive goals and tasks--abound in the volume Emotional Problems of the Student, edited by Blaine and McArthur.[2] For example, on page 14, we read that "The psychiatrist will want to talk with administrators and students with a view toward the elimination of such [i.e., psychiatric] excuses"; but on page 106 we read that, "Except for cases where the student has been caught by a coincidence of stresses, it should seldom be recommended that he be excused from any academic demands." Else-

where, Blaine frankly acknowledges that "Often professors want to know whether they can honestly excuse a student because of his emotional illness, or a dean may want to refrain from taking action if he knows that a student is earnestly working in therapy."[1] He considers such requests "legitimate and necessary," from which we may conclude that he supplies the information requested.

Here is another example: on page 4, Blaine and McArthur declare that "The psychiatrist should not have any authority for discipline....If the psychiatrist assumed functions of this kind, his capacity for objectivity would be seriously impaired"; but on page 115, this is qualified so radically that it becomes its opposite: "(T)here are cases in which the personality structure of the student, above and beyond his sexual deviation, makes him the cause of concern and discomfort for those about him and it is imperative that he leave the community. Here again, the psychiatrist's opinion in regard to the total personality picture is important in making the right disposition."

Blaine and McArthur assume conflicting positions even on the nature of mental illness. In the Introduction (written by Erikson), we are told about William James' personal problems

as a young man and learn that he was helped to master them principally by "having given up the notion that all mental disorder requires to have a physical basis. This had become perfectly untrue to him" (p. xix). Why should the editors include this if they do not share this view of James'? Yet on page 9, they tell us that "More and more experience supports the fact that there is not an essential difference between emotional and physical illness...." Farnsworth,[6] on the other hand, agrees with James when he asserts that "Seeking mental health is in many respects equivalent to trying to make life meaningful" (p. 71). Is, then, seeking bodily health also "equivalent to trying to make life meaningful?"

To complete this portrait of the college psychiatrist, it is necessary to note with whom and how he exchanges information about student-patients and how he perceives the problem of confidentiality.

As Farnsworth noted, the college student is often not clearly identified as a patient. It follows, though he does not say this, that the psychiatrist's role is often similarly ill-defined. Is he the student-patient's doctor, like a private physician? Or is he the institution's employee, like a physici

who works for an insurance company?

Here is Farnsworth's[7] answer: "Although we would like to think that nothing of what goes on between patient and therapist in the privacy of an interview would ever have to be revealed to others, we know from our experience that such information about our student patients can be very helpfully used at certain times of crises or decision. There are other situations in which our knowledge of how a student is behaving or thinking must be used to protect others in the community or the student himself. At such times general statements can be made to parents, faculty or administrative officials after permission has been given by the student. In dangerous situations it must be transmitted, even if the student refuses permission, but only after he has been told that it will be done. On rare occasions of course (such as when a homicidal patient rushes from the office before real communication has been established) there is no opportunity" (pp. 73-74).

In addition, "General and specific information about students often must be given to deans and faculty at times other than during a weekly or bi-weekly conference, especially when prompt decisions are desirable. The usual rules of confidentiality must be upheld in such instances. Disciplinary

action, postponements of academic obligations, such as examination papers or theses, and decisions about leaves of absence or withdrawals often depend upon recommendations or opinions given by a student's therapist" (p. 76).

What does Farnsworth mean when he says that "the usual rules of confidentiality must be upheld?" The word "upheld" seems almost like a misprint, for it is evident that the "usual rules of confidentiality" are here not upheld, but, on the contrary, are suspended. In any case, the college psychiatrist disperses information about his student-patient so widely as to make any reference to "confidentiality" absurd.

What about the student who enters into a formal psychotherapeutic relationship? If he does so <u>on</u> campus, there will be a direct channel of communication between his therapist and the administration via other members of the health service staff. If he does so <u>off</u> campus, the college psychiatrist will endeavor to break the seal of confidentiality of the private psychotherapeutic contract.

Here is the code of conduct for the college psychiatrist recommended by Farnsworth[7] in cases where a student is in psycho therapy with a member of the health service staff: "The psychiatrist has to be careful, however, in acting as a

consultant to the admissions committee, or to a disciplinary body. If he has seen the patient previously in therapy, he should suggest that the patient be evaluated by another psychiatrist, whose judgment should be arrived at without recourse to the psychiatric record, although the consulting psychiatrist in this case would certainly ask the opinion of the treating psychiatrist. Consultation between physicians does not violate confidentiality, but consultation between psychiatrist and admissions committee, using a psychiatric history, would constitute such a violation" (p. 80). The view that "consultation between physicians does not violate confidentiality," even though the second physician acts as an information-gathering agent for the school administration, speaks for itself.

If the student is treated by a private therapist, the college psychiatrist himself assumes this role of intermediary, gathering information from the therapist and relaying it to the administration. When a student who has left the school temporarily seeks readmission, Farnsworth recommends that "The evidence on which the college psychiatrist or director of the health service makes his decision [to readmit or not readmit the student], should include a full report from the

psychiatrist who treated the patient while he was away (if any)....In doubtful cases, or when the evidence from the college psychiatrist and the impression of the private psychiatrist are at variance, it is probably kinder to postpone the student's re-entrance..." (p. 82). Farnsworth thus recommends that the college psychiatrist try to invade the privacy of the student's off-campus psychotherapeutic relationship.

Despite all this evidence that the relationship between college psychiatrist and student-patient is anything but confidential; and despite his[6] own clear admission that, "If a psychiatric service is to enjoy the confidence of college presidents and trustees, some adequate channels of communication on matters not involving confidential physician-patient relations should be maintained between them" (pp. 120-121)--Farnsworth discredits as a "rationalization" the students' "fear that confidences will not be maintained" (p. 80) by the college psychiatrist!

However, facts are notoriously stubborn and, especially if recurrent, difficult to disguise. Students thus often distrust the college psychiatrist. To overcome this distrust, Farnsworth recommends that the teacher engage the student, allegedly requiring the services of the psychiatrist, in the

following kind of dialogue:

"'I happen to know Dr. Smith of the health service. He is particularly interested in the kind of troubles you are having; in fact, he specializes in emotional disorders of all kinds...(M)aybe he could help you. You have nothing to lose by trying.'

'But isn't he a psychiatrist?'

'Yes, that's what doctors are called who specialize in emotional problems.'

'I can't see him; it will go on my record, and I won't be able to get a job.'

'No, I talked to Dr. Smith about that, and he says the notes he takes don't even go in the general medical record.... The doctors themselves are trained to respect confidences, and besides, they must know what you are troubled about if they are to help you.'

'Well, I might try him.'" (pp. 127-128).

This is seducing the innocent. It is like suggesting to a man accused of crime that he retain the district attorney to defend him. In view of the ready availability of private psychiatrists, who are in a better position to protect the student's confidence than their colleagues employed by the

college, Farnsworth's recommendation seems indefensible. Indeed, this is an example of the kind of false representation of the college psychiatrist's role and function, which, if practiced by the police, industry, or medical establishments would be denounced by critics and condemned by the courts;[3, 12] the same deception practiced in the name of mental health has so far escaped both public criticism and judicial prohibition. (In previous publications, I have presented similar criticisms of the double role of the training analyst, whose loyalties are split between candidate-patient and psychoanalytic institute;[15,17] and of the state hospital psychiatrist, whose loyalties are split between the patient and the institution.[14,1]

In cases of homosexuality, the college psychiatrist becomes an undisguised medical policeman: "The psychiatrist and the college police force must often work closely together, particularly in cases of homosexuality" (p. 87), says Farnsworth.[7] Indeed, Farnsworth apparently views homosexuality as so grave a sin that the individual who commits it forfeits his rights to psychiatric privacy: "When an administrator or a faculty member has referred a patient with a homosexual problem, the psychiatrist's report should simply state that the patient has consulted him, that treatment was (or was not)

recommended, and that the psychiatrist will take appropriate action if the community and/or the patient requires it. This should be done orally in most instances, and even this exchange should remain confidential unless the patient indulges in further unacceptable social behavior" (p. 87).

The qualifying "unless" in the last sentence justifies the physician's betrayal of his patient's confidences, precisely when they will most injure him. If the patient refrains from homosexual relations or lies about them, the psychiatrist has no damaging confidential information to protect; however, if he engages--"indulges" is the term Farnsworth uses--in such conduct and confides it to his therapist, then the psychiatrist feels justified in reporting him to the authorities.

In this connection, Farnsworth strongly supports the principle and practice of coerced psychiatric treatment as a method of social control. "The psychiatrist must convince the administration that homosexuality is a medical problem that can be successfully treated in some cases, whereas in others, the involved person can adapt without promiscuity or preying on young men with inevitable and tragic results. If, on the other hand, the homosexual is an active proselytizing undergraduate, treatment must be required" (p. 88).

Saying that homosexuality on the college campus is a medical problem does not make it so. Nor can I agree that Farnsworth's recommendation that the proselytizing homosexual be coerced to submit to psychiatric treatment, but not the proselytizing heterosexual, is based on medical--instead of on moral and social--criteria. Nor, finally, do I believe that the kind of psychotherapy which Farnsworth advocates is described correctly by asserting that[6] "The counseling we are discussing here is definitely not guidance in the sense of attempting to influence the student to go along some predetermined channel" (p. 116).

Blaine adheres to the same policy regarding the release of information about patients with homosexual problems. He writes:[1] "An F.B.I. agent calls to discuss a former patient and has a signed release from the student who is now applying for a responsible government position. While in college, this boy had sought help for homosexual preoccupation. He had engaged in homosexual activity in high school and once in college. The F.B.I. agent wants to know if the student had engaged in homosexual practices." Here, at last, is an easy problem. The student is no longer in school. The F.B.I. is not a part of the college's administrative structure. So why

should the psychiatrist divulge information to the F.B.I.?

Why? Because refusal to cooperate would be unpatriotic. "This is a difficult problem," says Blaine, "one involving loyalty to patients and to country." The college psychiatrist seems never content to serve but one master. If there is no conflict between student and school, as here, he creates one between citizen and country. "We have found," continues Blaine "that questions about homosexual practices usually can be answered in context without jeopardizing security clearance. Pointing out that an individual was going through a phase of development which involved him in temporary homosexual preoccupation and even activity does not seem to alarm these investigators."

Why, indeed, should it? They came looking for a homosexual, and they found him. Surely, it is not without significance that, in all their voluminous writings on college mental health, Farnsworth and Blaine never suggest that the school psychiatrist assist the student-patient's private lawyer or an attorney in the local chapter of the American Civil Liberties Union. Are we, then, asked to believe that the college psychiatrist "cooperates" with teachers, deans, the campus police, and the F.B.I. in order to help the

student, but never with lawyers who might protect his legal rights, because that would not help the student?

The college psychiatrist's position on confidentiality may be inferred from what has been said so far. The far-reaching degree to which this essential function of the psychiatrist has here been compromised is illustrated by Farnsworth's[6] following observation: "[O]ne of the most delicate problems that confronts a college psychiatrist is that of preserving the confidential nature of the physician-patient relationship. ....Nothing that the patient divulges during the course of the medical interview may be used by the physician without the patient's permission, unless the welfare of others is directly at stake" (p. 146).

This is a remarkable modification of the Hippocratic code. Since it is easy to construe the conflicts and communications of psychiatric patients as threatening the welfare of others--particularly because "welfare" is undefined--Farnsworth's rule effectively nullifies the physician's pledge of confidentiality. Moreover, Farnsworth is aware, as the following excerpt shows, that the college administration, which pays for the psychiatrist's services, would not tolerate being left in the dark about the students. "From the standpoint of the dean or

faculty member who referred the student to the psychiatrist, the problem of confidence is not so clear-cut as is implied previously. If he calls the psychiatrist, asks about the student, and is told that the confidential patient-physician relationship prevents any comment, he is not going to be very happy about the situation" (p. 147).

But if a troubled student consulted his priest and lawyer, would they divulge his confession or confidence to keep the dean "happy?" Does this mean that clergymen and lawyers are less "responsible" toward the college or the community than psychiatrists? Or does it mean that they have more successfully resisted compromising the integrity of their role?

The college psychiatrist, however, tries to mediate between student and administration. "In the majority of such instances," says Farnsworth,[6] "the whole matter can be simplified by merely asking the student if it is all right to report to the faculty member who suggested that he come, assuring him that private or intimate details of the interview will not be mentioned. Permission is almost always granted, and frequently the student is quite pleased that this much interest is being shown in his welfare" (p. 147). This kind of deliberate misleading of the student-patient about the nature and

potential hazards of his therapy in the college mental health service is a clear violation of the ethical and legal requirement for "informed consent" for treatment.[11]

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My complete disagreement with the foregoing principles and practices of college psychiatry is, I trust, obvious.[19,22] I should here like to confine myself to supporting my dissent on two grounds. The first is based on the ambiguity of the college psychiatrist's role: he misrepresents himself to the student; were he to represent himself correctly, his prestige and power would be greatly diminished. The second is based on the college psychiatrist's rules of conduct: he abjures contracts or well-defined restrictions on his powers; instead, by exalting discretionary judgments dictated by "therapeutic" needs, he exercises arbitrary control over the student-patient. I shall discuss each of these points separately.

In many important areas of life, the law prohibits a person from falsely representing himself to another. A layman cannot purport to be a physician; a policeman cannot induce a suspect to confide in him by promising to help him in court; an attorney cannot simultaneously play the roles of prosecutor and defense lawyer.

The college psychiatrist, however, engages in this kind of false representation, and plays this kind of double role. He claims to be a physician, but his work is non-medical: he treats students by "environmental manipulation"[2] (p. 233), for diseases that are metaphoric in nature and whose symptoms are stealing books from the library or ingesting drugs forbidden by law. He also claims to be the student's therapist and ally, but when conflicting pressures are brought to bear on him, he is the student's adversary.

The college psychiatrist, writes Farnsworth,[7] "must not allow himself to be trapped by both the traditional role of the physician and his natural compassion for suffering into overlooking the needs of the community" (p. 79). And he suggests that, like other physicians employed and paid by third parties, he is responsible to his employer, not his patient: "Medical examinations performed for a third party (as for example, a federal agency such as the Federal Aviation Agency or an insurance company) do entail the responsibility that the physician who performed the examination will divulge accurately and completely all information obtained. A physician can be held liable for negligent actions in the performance and completion of such examinations and reports" (p. 222).

Does this mean that the college psychiatrist is responsible to the college administration, just as the pediatrician is to the parents of his child-patient? If not, why was the issue of medical responsibility to "third parties" raised, and why in this way?

Despite (or perhaps because of) the voluminous writings on the school psychiatrist's role, nowhere is this role clearly and unambiguously spelled out. It remains contradictory, diffuse, inscrutable. My critical reading yields the impression that the college psychiatrist misrepresents himself not only to the student, but to the administration and the faculty as well; this impression is supported by Farnsworth's following statement: "He [the psychiatrist] must not be excessively identified with either the administration or his patients, but must be completely identified with and believe in the goals of the educational process and feel that his special talents are necessary to it" (p. 81).

Since there is no such thing as an "educational process" in the abstract, but only educational goals and activities entertained and practiced by students and faculty--in pledging loyalty to such a vague abstraction, the psychiatrist actually promises nothing. Perhaps because of this, Farnsworth

recommends that the college psychiatrist "be particularly careful in the way he conducts himself. He must never judge patients or colleagues publicly in terms of right or wrong, must try to remain free of bigotry, and, above all, must not appear to prefer one type of patient to the exclusion of another" (p. 81).

This is an exaltation of deception, mystification, and self-concealment. For Farnsworth here recommends that the college psychiatrist hide his value judgments and therapeutic goals from faculty and students alike and that he pretend to a freedom from personal preferences and prejudices which in fact he does not possess. This deception is necessary, perhaps, because it is impossible to disabuse the public in general, and students in particular, of their deep-seated conviction that psychiatrists are unlike ordinary physicians, and that, as a rule, they are disciplinarians, not doctors. For example, a recent study of the professions and public esteem[5] showed "doctors" in first place, 74% of Americans expressing a "great deal of confidence" in them. Not only are psychiatrists listed separately (the only "medical specialists" to be so listed), but they appear in seventh place, with a "confidence score" of 57%, following the bankers, scientists,

military leaders, educators, and corporate heads.

This loss of psychiatric prestige may well be an indirect and unintended consequence of the strenuous efforts with which the profession has curried public favor. Trying to prove how "useful" he can be--to government, industry, religion, the schools, indeed, to any powerful institution or group--the psychiatrist has sacrificed his loyalty to the individual patient or client. This disloyalty is not easily concealed, as the following letter to the Editor of The New York Times (written by a layman apropos of the mass-murder committed by Charles Whitman) shows:

"[T]here is another aspect of the most recent Texas tragedy that is worthy of comment--namely, the release and publication by a doctor, official psychiatrist of the university, of a memorandum covering a confidential patient-doctor relationship. There is no doubt that the memorandum was newsworthy..., but at what cost?....The cost to the medical profession in the decline of the public's respect and confidence is....real and serious. The members of the medical profession cannot be effective if they cannot be trusted to maintain the intimate confidences imparted by people who need their ministrations.

"And what of the university's responsibility? It provides a psychiatrist...as an official part of its concept of obligation to its students. But what student will now consult such a psychiatrist...if his troubled revelations are to be broadcast the moment notoriety tempts the guardians of his trust?... I am satisfied beyond doubt that wisdom, decency, good sense, and the community's basic interest would have been far better served by a greater sense of responsibility on the part of both doctor and university."[13]

Edgar Friedenberg has studied the actual opinions of students about the role of the school mental health worker. He showed that high school students perceive the school psychologist as a disciplinarian--to be sure, a quasi-medical rather than a frankly authoritarian one. Deeply immersed in the liberal-therapeutic rhetoric of "helpfulness," the students accept this repression as necessary and reasonable. But their submission is incomplete and strategic. It serves, as Friedenberg[9] points out, "to keep them from being classed as 'troublemakers,' or, if they have been, from struggling against the definition" (p. 83). By their conduct, the students betray their conviction that the orthopsychiatric work which these experts perform--that is, the "straightening out" of

the "warped" students--is a skill to be practiced on hapless "troublemakers" who cannot resist being "helped," not something one would seek out for his own self-improvement. This squandering of the Freudian heritage[20]--which was so easy to foresee and therefore to forestall--is indeed a tragic and irretrievable loss.

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The political character of college psychiatry may be summed up in a single expression: it is an example, in the context of an educational situation, of the Rule of Man. What does this mean?

There are two basic principles that regulate social relations: status and contract. The family is a typical status relationship; whereas the economic bond between a buyer and seller is a typical contract relationship. Status relations are characteristically hierarchical, as in the relation between master and slave; the inferior member of such a pair has little or no power to restrain his more powerful partner. In contrast, contractual relations tend to be equalitarian, as in the relation between two businessmen; each member commands some power to compel the other to fulfill his promises.[18]

The relation between student and school psychiatrist is

devoid of all contractual guarantees. It is a status relationship in which the psychiatrist is the superior, and the student the inferior, member of the pair. To illustrate the political import of this arrangement, let us briefly review the condition necessary for individual liberty--a value which college psychiatrists claim to hold in high esteem.

"Nothing," declares Hayek,[10] "distinguishes more clearly conditions in a free country from those in a country under arbitrary government than the observance in the former of the great principle known as the Rule of Law. Stripped of all technicalities, this means that government in all its actions is bound by rules fixed and announced beforehand--rules which make it possible to foresee with fair certainty how the authority will use its coercive powers in given circumstances and to plan one's individual affairs on the basis of this knowledge. ...Within the known rules of the game the individual is free to pursue his personal ends and desires, certain that the powers of government will not be used deliberately to frustrate his efforts" (pp. 72-73).

Hayek correctly emphasizes that, from a psychological point of view, the most important attribute of the Rule of Law is that it enables the subject to predict what the authority

will do. Thus, "for the Rule of Law to be effective it is more important that there should be a rule applied always without exception than what this rule is" (p. 80). The opposite of this arrangement is a system in which every conflict of interest is decided "on its own merits," authority always acting "in the best interests" of the subjects.

The real enemy of the principle of the Rule of Law is therefore not lawlessness or anarchy (although these, too, render the principle inoperative), but rather the demand for benevolent discretion on the part of the authorities. For by the use of discretion it is possible to preserve the form of contract, while discarding its substance. When lawlessness rules, men crave for law and order; but when legalism rules through the Rule of Men, and the law deliberately leaves decisions to the discretion of authority, law and order are destroyed behind a cloak of "justice." In medical and psychiatric bureaucracies, rules of fair play are similarly sacrificed, not for a social "justice" but for "mental health."

The ambiguity of the college psychiatrist's role; the division of his loyalties between conflicting parties; the vagueness of his language; the use of unregulated power in his ostensibly therapeutic interventions; all these things and

others qualify him as a powerful status figure wielding vast powers over the student. Like the totalitarian ruler, he speaks of liberty, but refuses to provide the one indispensable condition for its existence--namely, restraint on his own power guaranteed by enforceable contract. Indeed, the college psychiatrist not only refuses to so limit his powers; he defines such limitation as inimical to his "responsibilities" as a therapist. "[I]t is the duty of the psychiatrist," writes Farnsworth,[8] "to look at the various situations that arise from the point of view of the individual who is most disturbed and who is presumably causing the difficulty" (p. 19). Since the psychiatrist himself is the sole judge of who is "the most disturbed," this is a deceptive way of saying that the psychiatrist should have the option to look at any situation any way he wants to.

"His job," Farnsworth continues, "is to help individuals who suffer from emotional conflict in whatever ways he can" (p. 19). This is the perfect definition, and the unqualified approval, of the psychiatric version of the Rule of Man. The psychiatrist defines and determines who suffers from "emotional conflict" and what constitutes "help" and he is enjoined to use unlimited discretion and empiricism in being "helpful"

(from recommending that teachers treat the student with leniency, to committing him to a mental hospital or expelling him from school).

Farnsworth sums up the role of the college psychiatrist in this telling sentence: "In short, he is a friend of the emotionally disturbed or mentally ill, even when he may have to become involved in actions which, for the moment, are unacceptable to them" (p. 20). Note the passive construction here: the psychiatrist "may have to become involved" in certain actions vis-a-vis the student. Why "may have to?" Doesn't he "want to"--say, expel the student from school or force him into a mental hospital? Earlier Farnsworth implied that such actions were undertaken for the student's benefit. Why, then, the reluctance? Are we to infer that the psychiatrist's employer is coercing him to act in ways he would rather not?

In short, the political structure of college psychiatry is that of a status relationship, the psychiatrist's conduct being governed by discretion rather than contract, and the student thus being treated as a thing rather than a person.

I should now like to summarize my conclusions.

The college psychiatrist doubly misrepresents himself and his role: First, by claiming that his work is like that of the non-psychiatric physician, when, in fact, he deals not with the diseases of a sick person, but with the social problems of the college campus; second, by implying that he is the agent, simultaneously, of the student-patient whose personal confidences he respects, and of the school administration, whose needs for social control he fulfills, when, in fact, he is a double agent, or mediator, serving both parties in a conflict but owing real loyalty to neither.

Toward the students, the college psychiatrist shows one side of his Janus-like face: He is a compassionate counselor and therapist who promises to be a faithful conspirator with the student in his struggle for liberation from parents and educational authorities. Toward the institution and the outside world, he shows the other side of his face: He is a wise physician who will select and control students and inform about them, as the needs of the school and the community require.

Actually, in his relation to the students as a group,

the college psychiatrist assumes the role of an inscrutable benefactor. He demands blind trust from clients who are often involuntary, and obedient submission to his vast power over them. In his relation to the student as an individual, the college psychiatrist refuses to make contracts which would make his behavior predictable; he governs himself, instead, by the principle of therapeutic discretion, according to which he may do virtually anything to the student under the guise of acting in his "best interests."

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