

January 1988

Letters to the Editor

Follow this and additional works at: <https://jdc.jefferson.edu/jeffjpsychiatry>



Part of the [Psychiatry Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

(1988) "Letters to the Editor," *Jefferson Journal of Psychiatry*. Vol. 6 : Iss. 1 , Article 14.

DOI: <https://doi.org/10.29046/JJP.006.1.013>

Available at: <https://jdc.jefferson.edu/jeffjpsychiatry/vol6/iss1/14>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *Jefferson Journal of Psychiatry* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Letters to the Editor

DR. MATAS COMMENTS ON PSYCHIATRIC ASPECTS OF THE THREAT OF NUCLEAR WAR

Sir:

I was very interested in the article "War of the Worlds Revisited: The Effect of Watching 'The Day After' on Mood State" by David Daniel, Frances Wolff and Maribeth Smith. Movies such as "The Day After," "Testament" or "Mad Max: Beyond Thunderdome," portray in graphic detail our deepest fears and the ultimate nightmare—a world in ruins, the post-nuclear holocaust wasteland scenario.

As psychiatrists, we need to be concerned about the psychological fallout, when we are bombarded by images of death and destruction, living in a world poised on the brink of nuclear annihilation; we need particularly to be concerned about the effects on personality development for children and adolescents growing up with the fear of not growing up.

A 1982 Gallup poll showed that 47% of voting-age Americans believed a nuclear war to be likely within five years. In 1984, a Time-Yankelovich poll found that 38% of voting-age Americans fully expected a nuclear war within a decade. The overwhelming majority said that they would expect to die in such a war. Dr. Benjamin Spock (1) has identified childrens' fears of nuclear war as one of the most formidable problems the modern family will have to face.

One of the most interesting findings of the study of the effects of watching "The Day After" was that there was no correlation between the degree of anxiety and the amount of nuclear-related issues activism. One often hears that childrens' fears of nuclear war are a reflection of the parents' anxiety. This study calls that assumption into question. Secondly, the fact that "The Day After" was more anxiety-provoking than "The Blood of the Beasts" (a vivid, detailed account of procedures in a slaughter-house), but somehow less anxiety-provoking than a movie about a woodworking accident, points out the degree to which we have become hardened, and the massive use of denial and projection involved in coping with the anxiety engendered by the threat of nuclear war. Rita Rogers (2) has written about emotional responses to nuclear issues.

Many physicians feel that the threat of nuclear war is the number one public health problem in the world today. International Physicians for the Prevention of Nuclear War won the Nobel Peace Prize in 1985. I was glad to see *The Jefferson Journal of Psychiatry* participating in a discussion of issues relevant to the nuclear age, and I hope that "War of the Worlds Revisited" will encourage and stimulate psychiatric residents to explore, study, research, and write about nuclear issues.

Manuel Matas, M.D., F.R.C.P.(C)
Acting Head, Department of Psychiatry
St. Boniface General Hospital
Winnipeg, Manitoba

REFERENCES

1. Spock B, Rothenberg MD: Dr. Spock's Baby and Child Care. 40th Anniversary edition. New York, Pocket Books, 1985

2. Rogers, R: On Emotional Responses to Nuclear Issues and Terrorism, in The American Psychiatric Association Task Force Report #20: Psychosocial Aspects of Nuclear Developments. Washington, D.C., 1982

DR. LAGER RESPONDS TO A REVIEW OF HIS WORK, "PSYCHOTHERAPY IN THE COMMUNITY"

Sir:

I found Dr. Clark-Rubin's review of our book *Psychotherapy in the Community* to have captured in her short summary the essentials of the points we were making—and in an eloquent way. At the risk of seeming to quibble about a possible criticism, I take this opportunity to explain that keeping the overall approach blind to diagnosis resulted from a deliberate decision not to equate this population with a diagnosis. The point was the opposite, to demonstrate the wide range of symptomatology and diagnoses that responded to an individualistic, humane approach, which relied on psychoanalytic understanding in the context of differing socio-cultural variables.

Eric Lager, M.D.
Philadelphia, Pennsylvania

DR. KRYSTAL COMMENTS ON "TRAUMA AND ITS RAMIFICATIONS IN VIETNAMESE VICTIMS OF PIRACY"

Sir:

I would like to begin by thanking Dr. Kleinman for raising our level of awareness of PTSD among the Vietnamese Boat People, a group that is underserved by most psychiatric facilities (1). As Dr. Kleinman notes, Southeast Asian Refugees may exhibit PTSD in ways which are considered atypical by DSM-III-R standards and lead to misdiagnosis by inexperienced psychiatric clinicians. In addition, personal, cultural, and economic factors may prevent Indochinese patients from seeking help through usual health care channels. For both of these reasons, specialized health care facilities which are capable of dealing with the important transcultural issues of this population, such as the St. Elizabeth's Hospital Program in Boston (2), are probably the most effective means for dealing with large underserved groups with PTSD.

Dr. Kleinman's paper also raises treatment issues which are common in working with PTSD patients. For example, he comments on the inability of the traumatized Boat People to use fantasy or imagery as a means of self-healing. Traumatized individuals, across a number of groups, have been observed to show deficits in several aspects of emotional processing such as recognizing emotions, expressing emotion, and most importantly, in the capacity to utilize emotions as a feedback signal for self-regulatory or self-healing purposes (3). These deficits, called alexithymia ("no words for feelings") by some researchers (3), also include deficits in fantasy characterized by an overly concrete fantasy life frequently focussed on replaying aspects of the trauma. Cognitively, alexithymic individuals frequently focus on action, somatic sensations, or descriptive detail rather than affect. Illustrating this, Dr. Kleinman describes an individual who became preoccupied with a physical sensation, thirst, rather than responding to a life-threatening situation. These responses are common during traumatization where they generally reflect the process of being overwhelmed by the situation and "giving up" to the

traumatic stimulus rather than attempting active avoidance strategies. For such individuals, reaching a state of helplessness in the face of severe levels of arousal appears to be a central facet of the traumatization process (3,4).

In attempting to treat individuals with PTSD, the alexithymic impairments in affective and cognitive function act primarily as a roadblock to self-healing and to insight-oriented psychotherapeutic techniques (3). Many PTSD patients will initially benefit by interventions focussed on recognizing affect, developing fantasy skills, or physiologic biofeedback techniques which facilitate both self-healing and subsequent insight-oriented psychotherapy (3). Pharmacotherapy adds another essential dimension to a thorough treatment approach (2,4). Overall, I appreciate Dr. Kleinman's thought-provoking paper which serves to stimulate reevaluation of important transcultural and treatment issues in PTSD and to bring these issues to the attention of residents via the *Jefferson Journal of Psychiatry*.

John H. Krystal, M.D.
Clinical Neuroscience Research Unit
Yale University School of Medicine

REFERENCES

1. Kleinman S: Trauma and its ramifications in Vietnamese victims of piracy. *Jefferson Journal of Psychiatry* 1987; 5(2):3-15
2. Mollica RF, Wyshak G, Lavalley J: The psychosocial impact of war trauma and torture on Southeast Asian refugees. *Am J Psych* 1987; 144:1567-1572
3. Krystal H: *Integration & Self-Healing: Affect, Trauma, Alexithymia*. Hillsdale, The Analytic Press, 1988
4. van der Kolk B, Greenberg M, Boyd H, Krystal J: Inescapable shock, neurotransmitters, and addiction to trauma: toward a psychobiology of post traumatic stress. *Biol Psychiatry* 1985; 20:314-325

PSYCHOTHERAPY: TO TEACH OR NOT TO TEACH— DR. SHOLEVAR COMMENTS ON "SHOULD PSYCHOTHERAPY BE TAUGHT TO PSYCHIATRIC RESIDENTS? A DEBATE"

Sir:

I read with great interest the panel report on controversies in teaching psychotherapy to psychiatric residents. A broad range of crucial issues were addressed by the parties on both sides of the argument. I wish to comment briefly on some additional points:

1. A central issue in the debate is not a conceptual one, rather it is the efficiency and effectiveness of teaching psychotherapy. The emphasis on efficient and effective teaching has become paramount due to the explosion of knowledge in the field of psychiatry. A major distinction here is the *methodology of teaching psychotherapy*, rather than the wisdom of teaching psychotherapy. Psychotherapy is taught without sufficient observation of the work of experienced psychotherapists, without intensive actual observation of the work of the new psychotherapist and without specific guidelines or manuals. The aspiring psychotherapist has to find his way without a road map through the dark alleys and consequently

patients in need of supportive or ego supportive psychotherapy (relationship therapy) are frequently and erroneously assigned to psychodynamic psychotherapy. This also may be a major obstacle to the effective practice and teaching of psychotherapy.

G. Pirooz Sholevar, M.D.
Professor and Director
Division of Child, Adolescent
and Family Psychiatry
Jefferson Medical College