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Psychiatrists Jack Weinberg, president of APA, John Mack, Rita Rogers, William Davidson, and Alfred Freedman (from left to right), who are shown here in Egypt, recently visited both Egypt and Israel, where they discussed the psychological implications of the Arab-Israeli conflict with leaders of both countries. Story on page 3.

APA Elects Stone; Defeats Petitions

IN THE ELECTION with the largest number of members voting in APA's history, the APA membership has chosen Alan A. Stone, M.D., of Cambridge, Massachusetts, as its new president-elect, Lewis L. Robbins, M.D., as vice-president, and Charles B. Wilkinson, M.D., as treasurer, Louis Rittelmeyer, M.D., chairman of APA's Committee of Tellers, reported to the Board of Trustees at its April meeting.

The two referendum questions appearing on the ballot, one demanding a moratorium on the oral portion of the ABPN certification examination and one proposing that APA refrain from holding its annual meeting after 1978 in states that have not ratified the

Equal Rights Amendment, were both defeated.

A total of 13,704 valid ballots were returned in this election, the highest numerical return ever, representing 61.3 percent of eligible voting members. The percentage ties with the all time high percentage in an APA election set in 1972. This is in contrast with last year's 49.1 percent participation, the lowest percentage in the last ten years.

Stone defeated his opponent for president-elect, Milton Greenblatt, M.D., by a vote of 7,775 to 5,519. Stone is professor of law and psychiatry at Harvard. Lewis L. Robbins, M.D., psychiatrist in chief at Long Island Jewish-Hillside Medical Center,

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ABA Publishes Controversial Report on Commitment

By Clarissa K. Wittenberg
THE AMERICAN BAR ASSOCIATION has published an extremely controversial report on mental illness and civil commitment in the July-August, 1977, issue of its *Mental Disability Law Reporter*, the first of four special reports on mental health law. The reports were drawn from the *Mental Health Legislative Guide*, which was researched and written by the Mental Health Law Project (MHLP) and funded by the National Institute of Mental Health (NIMH). The *Reporter* editors, acknowledging the controversial character of the report, have invited readers to respond and have pledged to print representative comments on the report. Numerous APA officials protested portions of the

report prior to publication but without result. Later issues will cover mental health advocacy, mental health standards, human rights, zoning, procedures for voluntary treatment, treatment of minors, guardianship, right to education, and other topics from the *Mental Health Legislative Guide*. The second volume (September-October 1978) is expected in print by late Spring 1978.

MHLP, which brought many landmark mental health suits, including *Dixon v. Weinberger*, and *O'Connor v. Donaldson*, is a Washington-based public interest law firm with a strong advocacy stance and a commitment to preservation of liberty and civil rights for mental patients. As is apparent

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THE VOTE

| Office | Vote Count | Percentage |
|-------------------------|------------|------------|
| President-Elect | | |
| Dr. Stone | 7,775 | 58.5% |
| Dr. Greenblatt | 5,519 | 41.5% |
| Vice-President | | |
| Dr. Robbins | 6,926 | 55.3% |
| Dr. Perr | 5,608 | 44.7% |
| Treasurer | | |
| Dr. Wilkinson | 7,092 | 59.0% |
| Dr. Roberts | 4,921 | 41.0% |
| Trustee-at-Large | | |
| Dr. Usdin | 4,349 | 34.7% |
| Dr. Nadelson | 4,139 | 33.0% |
| Dr. Lin | 2,262 | 18.0% |
| Dr. Gurevitz | 1,800 | 14.3% |
| Area II Trustee | | |
| Dr. Talbott | 743 | 36.5% |
| Dr. Shapiro | 695 | 34.2% |
| Dr. Zaphiropoulos | 595 | 29.3% |
| Area V Trustee | | |
| Dr. Brackin | 1,081 | 52.7% |
| Dr. St. Clair | 969 | 47.3% |

News Digest

A group of psychiatrists has visited Israel and Egypt "to examine the psychological and cultural dimensions of the Arab-Israeli relationship and the interplay of those dimensions with economic, political, and military factors." *Story on page 3.*

* * *

Regulations governing a newly revised federal law to educate physically and mentally handicapped children imply that state educational systems could take over what has traditionally been the responsibility of psychiatry. *Story on page 10.*

* * *

Canadian researchers have found that psychopaths achieve a higher level of moral reasoning than either non-psychopathic institutionalized offenders or a group of normal controls. *Story on page 24.*

* * *

Research on endorphines and their role in causing and preventing disorders has been described as "very exciting." *Stories on pages 28 and 29.*

* * *

Gregory Bateson, one of the originators of the double bind theory, takes a look at the status of the theory some 17 years after its development. *Story on page 40.*

DMH Program Produces Student Profiles

This third and final article on the doctor of mental health program, cosponsored by the University of California at Berkeley, Mount Zion Hospital, and Langley-Porter Neuropsychiatric Institute, discusses the types of students who have chosen to participate in a pioneer program. The five-year program combines elements of the training of psychiatrists, psychologists, and social workers to produce doctoral level professionals who, as a result of their education, are expected to be in a position to identify and understand mental health problems and to develop new approaches to them.

By Margaret C. McDonald
MARTEL BRYANT, M.D., who with social worker Marge Lozoff, M.A., co-directs the evaluation unit of the

UC-Berkeley—Mount Zion—Langley-Porter doctor of mental health program, likes to refer to the program as "a discipline in embryo. Often," he says, "the only time you get a good look at something is when it is new; it's a unique and exciting opportunity."

Since the inception of the program, he and Lozoff have been doing research on the types of students who choose the DMH option and how they differ from psychiatric residents and other trainees. "We do a taped interview with each student each quarter and code some of the interview for quantitative data," said Lozoff. "We are interested in the changing values of the students and how the program changes in response to students."

What they have found, generally, is

that both DMH trainees and psychiatric residents share interests in teaching (with residents slightly more interested in teaching mental health professionals and paraprofessionals) and that both groups include some individuals with strong interests in administration, crisis intervention, and research. However, DMH students, they have found, "express a much greater interest than the psychiatric residents in preventive services and the delivery of services to the poor, members of ethnic minorities, the aged, rural communities, and other underserved segments of the population. A few DMH students indicate strong interest in social policy related to mental health. . . ."

"The two groups differ in their

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Psychiatrists Work on Arab-Israeli Relations

It would be of greatest service to us all were you to present the problem of world peace in the light of your most recent discoveries. . . . The ill success . . . of all efforts made during the last decade to reach this goal leaves no room to doubt that strong psychological factors are at work which paralyze these efforts.

—Albert Einstein to Sigmund Freud, July 1932

WITH THE recent trips to Egypt and Israel by a group of psychiatrists representing the American Psychiatric Association and the Institute for Psychiatry and Foreign Affairs, the psychiatric profession has initiated its own version of shuttle diplomacy.

The purpose of the delegation, which met with leaders in both countries, was, according to information released by the institute, "to examine the psychological and cultural dimensions of the Arab-Israeli relationship and the interplay of those dimensions with economic, political, and military factors." The group, traveling first to Egypt in January, included William D. Davidson, Alfred M. Freedman, John Mack, Rita Rogers, and APA President Jack Weinberg (all M.D.s). They were joined for the trip to Israel in March by Roy Menninger and APA Medical Director Melvin Sabshin (M.D.s). Davidson, who heads the Washington, D.C.-based institute, served as chair of the delegation.

The impetus for the venture was apparently Egyptian President Anwar el-Sadat's visit to Israel in November 1977 and his comments to the Israeli Parliament about a "psychological barrier between [Egypt and Israel], a barrier of suspicion, a barrier of rejection, a barrier of fear, of deception, a barrier of hallucination without an action, deed, or decision . . . , a barrier of distorted and eroded interpretation of every event and statement. It is this psychological barrier which I described in official statements as constituting 70 percent of the whole problem."

The Institute for Psychiatry and Foreign Affairs commended Sadat and Israeli Prime Minister Menachem Begin for their initiatives toward overcoming psychopolitical barriers to peace. Begin responded in a letter January 25, 1978, "Trust, mutual trust are the essence of any negotiation. It can be nurtured only through direct, patient, and tolerant dialogue. I believe President Sadat and I made a good beginning. However, in this last week it was marred by the summary recall of the Egyptian negotiators from Jerusalem even before the talks had really got under way. I pray that this is but a temporary setback and that conditions will speedily be created for the resumption of the dialogue for the sake of peace. If this be the shared goal I am confident that it shall be accomplished." Noting the disappointment coming "close upon the heels of the high expectations engendered by the November initiatives," Davidson said the delegation of psychiatrists "is committed to supporting the mutual quest for peace through ongoing efforts which will help to lower the barriers of defensiveness and open new pathways of understanding."

Psychiatric News interviewed APA President Jack Weinberg about the visits and asked him what the practical results of the trips to the two nations are likely to be. He responded that the very process of meeting and

talking evokes within the leaders and opinion shapers associations they had not considered previously. He said, "This is an education for them whether they consider these factors to be psychological or not. As an example, some of the people we talked with who defined themselves as 'not psychiatrists' or 'not psychologists' nevertheless in their conversation showed a psychological comprehension of the situation although they did not use that language." Through dialogue, he said, each country is forced to look at the hurts and vulnerabilities of the other and consider them in negotiations.

"We were received very well" in Egypt, Weinberg said. The group met with the speaker of the national assembly, Sayed Marei, who is a relative of Sadat and whom Weinberg described as an eloquent, urbane, "very passionate type of a man." They met with Dr. Sayed Yassin, the director of the Al-Ahram Center for Political and Strategic Studies; the chief of Sadat's information office, Dr. Morsi Saad el Din, who was also with Sadat in Israel; and other Egyptian leaders. Weinberg described the people he met as "very warm and gracious," with the exception of one or two who had difficulty separating the visitors' mission as psychiatrists from their ethnic background (most of the psychiatrists are Jews). Weinberg said one of the Arabs "equated Israelis with all Jews and Jews with Zionists and Zionists as racists. . . . He wanted to know from me the position of American Zionists, meaning Jews, meaning racists, as far as the Arab world is concerned. Our response to that was that we were there as psychiatrists trying to learn something about psychological mechanisms that their president had articulated."

One issue that was raised by Arabs and Israelis alike was articulated by the Arabs: "Should peace come to be, what do we tell our children? How do we turn around what has been written in the textbooks, the history books? How do we dissolve all the hatred that is still built up on both sides?"

Weinberg said there is some divisiveness in the minds of upper-class and older Egyptians about whether or not to identify with Egypt and its 5,000-year-old culture or whether to call themselves Arabs and identify with the present struggle. He said that many of the younger people who have been raised under Nasser are more leftist in their convictions, whereas Sadat is more conservative, although not as conservative as the older elite class. He quoted one of the psychiatrists he met as saying, "We Egyptians are a very secure people. We have been here 5,000 years, and we have had many enemies, many who defeated us. They are all gone, and we are here." Weinberg felt that such feelings of rootedness made it difficult for Arabs to "perceive the insecurity of the Israelis, whose country is only 30 years old and who have come from more than 100 other countries and who have for the past 2,000 years suffered numerous insecurities. . . . To come there as Mr. Sadat did and state that 'I guarantee you peace with the other Arabs' was not anticipated by [the Israelis], and to have them accept it immediately was something they could not quite do." He mentioned one journalist's description of Sadat's reception by the Israelis the first time he emerged from the King David Ho-

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THE MASTERSON GROUP FOR THE STUDY AND TREATMENT OF THE CHARACTER DISORDERS ADULT — ADOLESCENT

ANNOUNCES

A TWO DAY TEACHING PROGRAM
Saturday & Sunday, November 4 & 5, 1978

The Essex House
Central Park South
NYC, NY

PSYCHOTHERAPY OF THE CHARACTER DISORDERS (BORDERLINE, NARCISSISTIC, ETC.)

A CLINICAL APPLICATION OF THEORY

FACULTY

MAX DAY, M.D.—Assistant Professor of Psychiatry, Harvard Medical School

PETER L. GIOVACCHINI, M.D.—Clinical Professor of Psychiatry, University of Illinois College of Medicine

JAMES F. MASTERSON, M.D.—Clinical Professor of Psychiatry, Cornell University Medical College

VAMIK D. VOLKAN, M.D.—Professor of Psychiatry, University of Virginia Medical School

PROGRAM

Saturday, Nov. 4

8:30 AM Registration

GENERAL SESSIONS

9:00-10:15 Borderline Syndrome:
Diagnosis and Treatment—JFM

10:30-12:00 Narcissistic Disorders:
Diagnosis and Treatment—VDV

12:00-2:00 Lunch: luncheon provided

SEMINAR SESSIONS

2:00-5:00 PM Individual seminars held by all four faculty members. Case presentations will be prepared in advance to initiate each workshop. Class size is limited to 110 participants who register in advance.

5:00 Dutch Treat Cocktail Party

Sunday, Nov. 5

8:30 AM Registration

GENERAL SESSIONS

9:00-10:15 Countertransference Problems in the Treatment of Character Disorders—PLG

10:30-12:00 Problems in Group Therapy with Character Disorder Patients—MD

12:00-2:00 Lunch: Luncheon provided

SEMINAR SESSIONS

2:00-4:00 PM Individual seminars held by all four faculty members. Participants will enroll with different faculty member than on Saturday. Class size limited to 110 participants who register in advance.

LOOK FOR OUR AD AND REGISTRATION FORM IN THE EARLY JUNE ISSUE

Weinberg

Continued from page 3

tel: "The Israelis were all lined up, and the Israeli women bent to look into the car that he was driving in. The way he described it was that they did not bend necessarily obsequiously but rather they wanted to look into his eyes to see if he was sincere."

Weinberg also said the Egyptians were not aware that Zionism is an age-old concept with the Jewish people. "I stress that because the young people who were there, political scientists, were surprised when my wife, Ruth, who was the only one who could speak not as a psychiatrist but as an American Jew knowledgeable about Zionism, pointed out to them that Zionism was more than 2,000 years old. . . . They surrounded my wife afterward and wanted to learn

more about where they could get that type of information."

Characteristic of the responses received by the delegation was that of Morsi Saad el Din, the chief of the office of information, who said that both the Israelis and the Egyptians "are caught in a tragic event." Din said that when the Egyptians met the Israelis for the first time, they found them very sympathetic and very nice, and that the Israelis said the same thing about the Egyptians. "These are the young people who meet for the first time," said Weinberg. "They have not known each other for 30 years, and they find that they are human beings and they can talk to one another. And so the important thing is for them to have communication face to face and get to know one another."

Summing up his impressions of Egypt, Weinberg said, "Sadat wants peace. He's supported by the army.

He needs it. The economy is terrible, and he'll go a long way toward it. Besides, this is the Middle East. In the Middle East if you don't bargain you don't get anywhere. You never accept the first offer. But you go on—you go back and forth. We found it interesting, a terribly exciting experience, terribly anxiety provoking. We found that there's a great deal of willingness and a need for rapprochement in some way, and we'll see how it bears up."

Comparing and contrasting the two cultures, the APA president mentioned the shame and humiliation Egypt felt after the 1967 war vis-à-vis Egypt's lack of technological sophistication. Shame, he said, is the ultimate humiliation for the Arabs, an insult to their masculinity, and, in their culture, the prime affront. "We've learned," he said, "that words are important to the Arab mind, flowery words especially, and you can get a

long way with them with language." This sort of psychology was in apparent use in the resolution the Institute for Psychiatry and Foreign Affairs sent to Sadat, which read in part: "Civilized people around the world hold your name synonymous with the enlightened leadership needed to create a psychological climate in which honorable men can explore peaceful alternatives to armed conflict. Your eloquent references to barriers of the mind evoke the fabled walls of Jericho. . . . Your trip to Jerusalem, like the opening of the flood gates on the Nile, brought water to a parched and combustible environment. Gestures leading to trust are benignly contagious, for a noble gesture seeks emulation. Even when resisted or disclaimed, such examples become a vital part of the common law of an emerging international con-

Continued on facing page

FLEXIBLE DOSAGE TO MEET THE INTENSITY OF ANXIETY

□ for clinically manifest neurotic or psychoneurotic anxiety, and anxiety associated with somatic disease[†]

Approximate Milligram Equivalency*

| AZENE™ Clorazepate monopotassium | Diazepam | Chlordiazepoxide | Oxazepam |
|--|----------|------------------|----------|
| 3.25 mg | 2 mg | 5 mg | 10 mg |
| 6.5 mg | 5 mg | 10 mg | 15 mg |
| 13.0 mg | 10 mg | 25 mg | 30 mg |

*Based upon available information from manufacturers' package inserts.

□ an acceptable sedative profile

Drowsiness may occur at initiation of treatment, and with dosage increments.

Brief Summary of Prescribing Information

CONTRAINDICATIONS AZENE™ (clorazepate monopotassium) is contraindicated in patients with a known hypersensitivity to the drug, and in those with acute narrow angle glaucoma.

WARNINGS AZENE™ is not recommended for use in depressive neuroses or in psychotic reactions. Patients on AZENE™ should be cautioned against engaging in hazardous occupations requiring mental alertness, such as operating dangerous machinery including motor vehicles.

Since AZENE™ (clorazepate monopotassium) has a central nervous system depressant effect, patients should be advised against the simultaneous use of other CNS-depressant drugs, and cautioned that the effects of alcohol may be increased.

Because of the lack of sufficient clinical experience, AZENE™ is not recommended for use in patients less than 18 years of age.

Physical and Psychological Dependence: Withdrawal symptoms (similar in character to those noted with barbiturates and alcohol) have occurred following abrupt discontinuance of clorazepates. Symptoms of nervousness, insomnia, irritability, diarrhea, muscle aches and memory impairment have followed abrupt withdrawal after long-term use of high dosage.

Caution should be observed in patients who are considered to have a psychological potential for drug dependence.

Tolerance developed within 3 to 9 days in dogs. Evidence of drug dependence has been

observed in dogs and rabbits which was characterized by convulsive seizures when the drug was abruptly withdrawn or the dose was reduced; the syndrome in dogs could be abolished by administration of clorazepate.

Usage in Pregnancy:

An increased risk of congenital malformations associated with the use of minor tranquilizers (chlordiazepoxide, diazepam, and meprobamate) during the first trimester of pregnancy has been suggested in several studies. AZENE™ (clorazepate monopotassium) a benzodiazepine derivative, has not been studied adequately to determine whether it, too, may be associated with an increased risk of fetal abnormality. Because use of these drugs is rarely a matter of urgency, their use during this period should almost always be avoided. The possibility that a woman of childbearing potential may be pregnant at the time of institution of therapy should be considered. Patients should be advised that if they become pregnant during therapy or intend to

[†]The effectiveness of AZENE™ in long-term use, that is, more than four months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient.

Continued from facing page
sciousness."

In contrast, a similar resolution sent to Israeli Prime Minister Menachem Begin read: "Your firm, farsighted, and generous response to initiatives for the creation of a psychological climate within which honorable men of reason can explore an end to armed conflict provides an auspicious focus for the forthcoming centennial of the birth of Albert Einstein. . . . Certainly your actions have, in a very real way, addressed themselves to the spirit of this challenge and have offered new and fruitful modes for reaching the goal of peace." The delegation of psychiatrists was unable to meet with Begin but met instead with Deputy Prime Minister Yadin and other Israeli leaders and scholars.

Weinberg senses that Egyptians have difficulty being introspective and accepting any notion of wrongdoing.

By contrast, he felt that the Israelis perhaps tried to assume too much guilt. The question in Israel, he said, was always, "What did we do wrong?" In contrast to the Egyptians' sense of shame as an important issue in self perception, the Israelis seem to have what he called a "Massadah complex." He cited the account of the event wherein all of the citizens who had fortified themselves within Masadah against their enemies for years, when on the verge of being assaulted and defeated, chose instead to commit mass suicide rather than relinquish their freedom and become slaves. "The Israelis refuse to let themselves become enslaved and would rather die first," he said. "They feel beleaguered now, trapped on a sliver of land that can be left only by plane. There is a sense of being caught, but they are not about to give up." He spoke of the 70 settlements in occu-


pled land, some of them very tiny, which are held by no more than 7,000 people altogether. "These are tremendously important," he said. "They have strategic and psychological significance to the Israelis. If the settlements were abandoned and the PLO became a state, the PLO could ask any power to come into the country—it could invite the Russians to the Gaza Strip and the West Bank, and that would pose a tremendous threat to Israel. As long as the settlements are held by the Israelis, any other troops entering the area would be breaching Israeli sovereignty, and the conflict would have international and legal implications. So the settlements are an important buffer for Israel." These settlements, one of which Weinberg visited, give Israel some sense of psychological security, Weinberg feels, because the Arabs, by avoiding them, also avoid wide-

spread conflict of international proportions."

Weinberg over and over pointed out the importance of talking, comparing each country's mediating stances, and understanding each country's vulnerabilities. "This," he feels, "can best be done face to face rather than through mediators." 4B-24

Conference

THE HEALTH EDUCATION Foundation and the Johns Hopkins University Center for Metropolitan Planning and Research are sponsoring a conference October 19-20 in Arlington, Virginia, on "Alcohol, Youth and Public Policy." Further information is available from Dr. Morris Chafetz, President, The Health Education Foundation, 600 New Hampshire Ave., N.W., Suite 452, Washington, D.C. 20037, (202) 338-3501. 4B-18Q



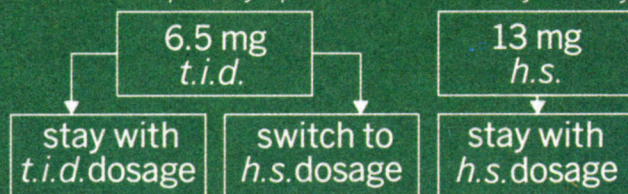
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Establish adequate symptom control...usually in 6 days.



Although the recommended starting daily dose is 6.5 mg t.i.d. or 13 mg h.s., patient response may require dosage adjustment. In elderly or debilitated patients, the initial daily dosage is 6.5 to 13 mg.

become pregnant they should communicate with their physician about the desirability of discontinuing the drug.

Usage during Lactation:

AZENE™ (clorazepate monopotassium) should not be given to nursing mothers since it has been reported that nordiazepam is excreted in human breast milk.

PRECAUTIONS In those patients in which a degree of depression accompanies the anxiety, suicidal tendencies may be present and protective measures may be required. The least amount of drug that is feasible should be available to the patient.

Periodic blood counts and liver function tests are advisable for patients on AZENE™ for prolonged periods. The usual precautions in treating patients with impaired renal or hepatic function should also be observed.

In elderly or debilitated patients, the initial dose should be small, and increments should be made gradually, in accordance with the response of the patient, to preclude ataxia or excessive sedation.

ADVERSE REACTIONS The side effect most frequently reported with the use of benzodiazepines is drowsiness. Less commonly reported side effects are: dizziness, various gastrointestinal complaints, nervousness, blurred vision, dry mouth, headache, and mental confusion. Other side effects include

insomnia, transient skin rashes, fatigue, ataxia, genitourinary complaints, irritability, diplopia, depression and slurred speech.

There have been reports of abnormal liver and kidney function tests and of decrease in hematocrit. Decrease in systolic blood pressure has been observed with clorazepate.

DRUG INTERACTIONS If AZENE™ (clorazepate monopotassium) is to be combined with other drugs acting on the central nervous system, careful consideration should be given to the pharmacology of the agents to be employed. Animal experience indicates that clorazepate prolongs the sleeping time after hexobarbital or after ethyl alcohol, increase the inhibitory effects of chlorpromazine, but do not exhibit monoamine oxidase inhibition. Clinical studies have shown increased sedation with concurrent hypnotic medications. The actions of the benzodiazepines may be potentiated by barbiturates, narcotics, phenothiazines, monoamine oxidase inhibitors or other antidepressants.

If AZENE™ is used to treat anxiety associated with somatic disease states, careful attention must be paid to possible drug interaction with concomitant medication.

HOW SUPPLIED AZENE™ (clorazepate monopotassium) is supplied as 3.25 mg and 6.5 mg capsules in bottles of 100 and 500, and as 13 mg capsules in bottles of 100.

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