

- (b) greater efforts to maintain an individual's contacts at work after disease and accident.
- (c) early recognition of the effects of isolation on all who, like the elderly, may find it difficult to lower their status within any community.
- (4) Recognition by individuals and communities alike that the health and confidence of each of us is as dependant on normal balanced group contacts as on a normal balanced diet.

DISCUSSION

Floor

In using the term 'group mind' does Dr Howells imply that he believes that there is a group consciousness?

Dr Howells

There is a group consciousness but also a group unconsciousness. The term consciousness needs re-evaluating in view of its particular use by the psychoanalysts. Strictly speaking, consciousness means that the higher brain stem is alert and awake, and if something puts this area of the brain out of business we become unconscious.

It would be better to keep the term 'consciousness' for this particular activity and use other terms such as 'directed activity' and 'automatic activity' for our more commonly accepted definitions. By 'directed activity' I mean that one decides to perform a certain action, whereas with 'automatic activity' no such decision is made. An example of this is the typist who reads a letter but does not take in its contents. This allows her to maintain a very high speed because of her 'automatic activity'. In the physical field there is 'directed activity' through the central nervous system and 'automatic activity' through the autonomic nervous system.

I think we have also an automatic psychic activity which is enormously important. Our individual psyches have direct and automatic activities, and it is equally true that the family mind has direct and automatic activities as well. Many family issues arise and are subconsciously resolved without the need for family discussion. The family rarely discuss the summer holiday, because it has been automatically agreed that father is the person to solve this problem. The family mind has agreed that father is the person to make such decisions; however I agree with the questioner that what I am describing is a collective activity by the family, both 'directed' and 'automatic'.

A further important point in understanding families is what might be called positive and negative family action. Activities of a negative nature may be highly significant. The family may not directly teach its children that sexual activity is wrong, but by ignoring sexuality it gets the same message across.

Professor Oakley

I would like to suggest that in most groups of people there are certain common assumptions; they are either deeply conditioned when young or they are developed by the use of argument when older. The agreement of a family to do certain things comes from the acceptance of certain assumptions that are natural for that family. These assumptions may not apply to any other family, or even be sensible and effective, but they are accepted. The real question at issue is the depth in the mind at which the assumption is made.

Dr Hodgkin

You implied that a family could not change, and this worries me. I feel that a negative family might become a positive family.

Dr Howells

I do not want to be too pessimistic, but in medicine we are concerned with the pathological and abnormal so that we tend to see the casualties rather than the successes. Families do have the capacity to change, although where there is very severe damage the likelihood of change is small. Even then, change may come through the child, who represents the next generation. Even in a hard-core problem family it is sometimes possible to effect a change in the children. It is extremely difficult, particularly in psychiatry, to effect a 100 per cent cure, but I am sure that we can obtain a modest ten or 20 per cent improvement. If our successors in the next generation can do the same there should be a snowball effect; over several generations we shall approach something close to relative emotional health.

Chairman

Would it be better if unwanted and unloved children did not come into the world at all?

Dr Howells

I believe that it is wrong to bring unwanted children into the world. The whole problem is bedevilled by using the term 'abortion on demand' which makes the medical profession feel that people are demanding things from it. Essentially, women feel that they only want children that are needed, and they do not want to use their organs for producing something which they do not require. It seems reasonable to extend birth control up to the first three months of pregnancy so that unwanted children are not born.

Incidentally I had to investigate the Catholic attitude to abortion, and it was interesting to find that until 1860 the Catholic Church believed in the termination of pregnancy. Except for two brief periods in the sixteenth century the Church always taught that abortion was permissible until quickening (the sixteenth week). Under the old Greek laws Aristotle maintained that abortion was permissible until quickening but not thereafter, and it is interesting that we seem to be using the same sort of definition today. The Catholic point of view was changed about 1860 and has remained in force up to the present day.

Dr Foggitt, Sheffield

Should the College appoint a committee to make representations to the Department of the Environment on major conservation policies? Should one of these policies be an attempt to damp down the public insistence on excessive medication?

Dr Hodgkin

I think that this is a very good suggestion. It is difficult to resist a request for something like hypnotics. I would like to see the Government enforcing the use of a weaning pack; this would be given to the patient and at the end of a month he would be off hypnotics but would not know he was being weaned off them. I would also like to see a propaganda campaign to make the public aware that hypnotics are not the answer to their problems.

Professor Oakley

I have no faith in committees, mainly because I have attended too many! The committee system is one of the great English inventions because it is based on the fact that the chief value of a committee is its capacity for obstruction. It is comparatively rare for a committee of any size to have any positive function at all, and this is because it is based on the sensible view that most human activities are bad and should therefore be prevented.

Conservation is going to be a long job because we shall have to stop people doing what they thoroughly enjoy doing. As people are not reasonable or logical, they feel

that they are entitled to large numbers of incompatible conveniences and it will take a long while to convince them of their inconsistencies. These problems are seldom settled by committees because each member is, after all, a member of the community.

Dr Freeland, West Scotland

Groups are surely in existence because: (a) members like to be dominated by an individual and each group is led by individuals; and (b) members of these groups realise that the only way of making decisions is by acting as a body, and as individuals they realise that they have nothing to impart.

Dr Howells

It is intriguing to decide who leads and who appears to lead, because we have all met the apparently aggressive, domineering husband, only to find that he is being manipulated by his mousey little wife. When a group of people have lived together for long enough there is a consensus of opinion about almost every act; only when you know the family really well do you realise how powerful this is.

The family is a very particular type of group, and this is shown by comparing traditional group therapy with family group therapy. In a traditional group, a number of different people from different families meet together for a couple of hours of therapy and then depart. In family group therapy the family meets for several hours but in fact the group has had a continuous existence for maybe 20 years. This is a very closely knit group with a very particular governing structure and many sorts of built-in mechanisms for ordering its life both directly and automatically.

Professor Oakley

I would have thought that groups were natural things as people are differently endowed. Whatever the Declaration of Independence may say about being created equal, people are not equal in basic character or opportunity. Groups of equivalent individuals tend to quarrel or fraternise within the group, and on the other hand there are groups of graded individuals who look up to the person on the next rung of the ladder, while those at the top look down on the remainder with a certain sense of superiority. Groups are quite natural and you will have learned from your own experience that individuals are not very excited about living alone; even hermits like conversation with passers-by

Dr Freda Naylor, Chester

Do you envisage any formal network of community links to enable patients to adjust to the norm? How can the profession direct patients most efficiently to evening classes, housewives' groups and other groups?

Dr Hodgkin

We should first look at our own local community. If there are any links, it may be possible to develop them with the local housewives' association. We should also make it our business to know what is going on in the bingo hall and similar places. We should make a much more corporate effort to understand and relate the patient to his environment.

Dr Haldane, West Scotland

Some modern sociologists say that the family unit will not persist much longer because the average parent is, at best, a good amateur. Should this job not be done by professional parents?

Dr Howells

Anthropologists have found the family group in every society studied. One of the essential features of the family is that it consists of two sexes, male and female, and whatever you think about families the fact is you cannot keep males and females apart. I suspect that you will never be able to keep them apart, and therefore the family is likely to persist.

There is a lot of talk about the breakdown in family life and you could almost divide sociologists into two groups, those who believe that the family is breaking down and those who believe it is not. My opinion is that the family is changing but not necessarily for the worse. There are probably more nuclear families in modern society than there used to be, simply because in the old feudal system people did not travel very much, thereby setting up a clan system. With the movement of population, people are having to rely more on the nuclear family and this is not necessarily a bad thing.

Wilmott studied the movement of families from the East End of London to new estates in Greenwich, and he found that the people who raised the children were not the father and mother, but mother and granny. If the mother was in any difficulty about the child she went around the corner to granny. Father was thus excluded from the care of his children. When the family moved to Greenwich, granny stayed behind so that now the mother in any difficulty turned to her husband. Therefore the natural family unit was strengthened by this move.

The anthropologist, Mead, has found communities where the family is not the unit. There are a small number of communities where all the children are brought up by the women of the community and the word "mother" does not exist, only the word "woman". There are a small number of communities where the whole village brings up the children and Mead states that this is the best type of upbringing simply because the children are allowed to choose between a number of adults, and they choose those who are kindest and most helpful.

With the nuclear family, the child has no choice of parents but in a larger community there is a choice insofar as a child can always go to the warm, accepting and encouraging adults, thereby benefiting the child and producing a happy community. I think that most communities would like to live as families, and for this reason I believe in the nuclear family and I believe that, given time, it will be improved in quality.

Professor Oakley

I have no illusions about my efficiency as a father, but it is interesting that my two girls are completely different from one another, the first being academically-minded like me, and the second having no interest in academic matters. From what has been said, I would have thought that we would have been completely unliked by these children. It is all very well to say that children will go to nice, kind parents, but the real point is that if you are going to remove children from their biological mother's care soon after birth, you will have to deal with a primitive savage who has to be conditioned in order to live in the real world. This is necessary so that the child's life will not be suddenly ended by violence on the part of the parents, or by accident due to its own insane persistence in particular activities.

Dr G. I. Watson

One of the strangest experience in the history of conflict in a hostile environment concerns the breakdown of Red Indian life when in conflict with the white settlers. Some settlers who wanted to conserve the Indian way of life had a conference with the Black Foot tribe. Right from the beginning there was a conflict of irreconcilable interests which

still continues. "Where is your area and where shall we settle you?" asked the white men. The Indians replied, "In winter we live here but we move to this other area in summer, because another tribe moves to our old grounds." We may consider this to be a classic example of a constant shifting population which did not fit into the white man's way of life.

If we take this analogy one step further, we find that the Red Indians do not have a simple nuclear family. The tepee, or unit, might include several wives and children but only one head of the tepee. To the Red Indian, facts and truth were what the head of the tepee said they were. If the head of the tepee said that the world was flat, then it was flat, whilst the head of the next tepee might say the world was round. This was fine until the white man came along and said it would be a good idea to have schools for the brightest children. I am sure that you can visualise the day when one child asked the awkward question "Is the world flat or round?" and father said "flat". Now we have a conflict of opinion, as the child will almost certainly reply "but teacher says . . ." This conflict of opinion is one of the first steps in our own growing up as parents.

Chairman

Our President's words suggest to me a passage from a book by Ehrlich, "a great number of our troubles stem from our Judeo-Christian tradition which gives man the primary place to populate and dominate the world." The old Greek and Roman animist societies had gods of the spring, the ponds, the hills, and the meres which gave them a much greater respect for nature. The Hindus have a much greater feeling for the whole world of nature, and I feel that we have got to return, in some way, to this age-old attitude to nature.

Dr G. Bergheimer, Crewe

If a child is taken into day care, a foster family or an institution, do difficulties recur in the evenings and weekends, thus prolonging therapy? Does Dr Hodgkin agree that tranquillisers might help the patient to move from comparative isolation back towards the group?

Dr Howells

A very important component is time and this has largely been ignored up to now. Dominating the thinking in psychiatry has been the concept of the nuclear incident—Daddy spanked his little boy on a particular day and his psyche has been damaged ever since. We used to spend a great deal of time looking for these nuclear incidents but now we realise that the significance of that particular incident was not that father damaged the child's psyche on that particular day, but that the child was brought up by the sort of father who has a damaging influence over a long period of time.

We therefore have to treat time as a factor in creating the psychopathology and equally we must take account of time when we are trying to reverse the damage done. It used to be thought that if you could unravel the nuclear incident, then all would be well, but this is a concept that we cannot accept today. When bringing up children we have to take time into consideration even if it only means taking the child out of the home for a number of hours a day. This does not completely reduce contact with the damaging home but it goes some way towards it.

When a therapeutic programme is being planned, whether it be psychotherapy or vector therapy, time must again be taken into account. If an adolescent has been in a damaging home for 15 years, it would be foolish to assume that he is going to be well in 15 days. It may take three or four years to undo the 15 years of conditioning, so it is obvious that the deconditioning is a long-term programme.

I want to emphasise the importance of the time factor; although the day foster-care programme does not completely cut down the time spent in the family, it at least goes some way towards the right direction. You may not effect a 100 per cent change in the child's life but a 20 per cent, 30 per cent or 40 per cent change can be worthwhile.

Dr Hodgkin

This question of tranquillisers is largely theoretical, because you may be dealing with a patient in conflict with a mother-in-law or many other types of problem. I am not suggesting that we should stop using tranquillisers, but must not take it for granted that something beneficial is happening. We have got to use tranquillisers as they are very useful, and we will probably have to go on using them. We ought to think what we are trying to do with tranquillisers. Are they actually altering the character of people? It is up to us to question and evaluate, and not just sit back and say "the psychiatrists will tell us."

Dr Booth, Marsden

Tranquillisers are an interesting barometer not only of group concern but also of self concern. I have frequently noticed patients asking for tranquillisers not for themselves but for another person. This occurs particularly during grief and bereavement, when they come in and demand something for mother, because she is so upset. I believe that grief and bereavement may have a constructive function in the life of a person and in the formation of personality, so I usually refuse this request.

I have tried to analyse the reason why the request should be made. It seems to me that people are aware of being in a group, they are aware that they are members of a family, and they realise that they should try to do something. If they can go to the doctor and get a box of pills for mother they have done something very simple and yet significant. They are reacting to a concern for a group, but they are also being selfish in reacting out of concern for themselves. If we respond to this request the person will go on leaning on the crutch of sleeping tablets or tranquillisers.

Chairman

I am sure that the members of the panel would like to discuss the modern taboos on death. Sex is no longer taboo, in any shape or form, except in Birmingham and the House of Commons.

Professor Oakley

There has certainly been a very considerable change. When I was a boy deaths were particularly common among children and we were quite used to seeing funerals. The striking thing about funerals was the pomp that accompanied them—the black horses with the black plumes, the palls, the coffin, and the cortège.

I am sure that this was a good thing. Whether people really believed in the life hereafter or not, they certainly said that they did. The ceremony accompanying a death with its public demonstration of grief did a great deal of good. I am sure that bottling up grief is a bad thing, and I really doubt whether people need tranquillisers for this purpose. I am convinced that a death in the family alters the power structure, or group structure, within it. If the father has died leaving a number of dependent sons or daughters, the lower members of the family take the opportunity to raise their status by forcing the remaining parent into a dependent position.

Dr Howells

I would like to make two comments about death. The first is about that excellent piece of

research in mid-Wales which showed that when a death occurs in the family, the incidence of subsequent death in that family rises when compared with a control group. There is a great deal of research work that can only be done in general practice, and this is a sphere where the Royal College could provide much very useful material. In our Christian society, we are taught that death is our way to a better place, but we seem extremely reluctant to go to this better place. We fight like fury to avoid death but one point of view is that we ought to form a society for the promotion of death or suicide. If an individual in a rational state of mind said that he had been here long enough and now wished to go to that better place, should we, as society, assist him on his way?

Dr Hodgkin

Dr Booth touched on our continued prescribing of tranquillisers and one reason is the repeat prescription. We have to be critical about this because, I am sure, a lot of people get hooked on drugs and are kept on drugs through the repeat prescription. We should be very worried about this; it does save time but it can equally lead to addiction.

Dr McClone, Glasgow

Might I suggest that the following procedure be adopted for the repeat prescription? When a repeat card comes in the secretary or receptionist will enter it on the patient's record card, write the prescription ready for signature and present all three items to the doctor. If the doctor does not know the patient he has all the available material to check on and decide whether this treatment should be continued. The repeat prescription card also states that a repeat prescription will only be given if the doctor agrees. These cards are carefully scrutinised not only by ourselves but by our secretaries, who will soon tell us if someone has been getting more than could be considered normal. This seems a good way of protecting ourselves and the patient against drug misuse.

Dr Hodgkin

Before we gave repeat prescriptions, the patient felt that he had to come and justify his need. I feel that the patient should still actually come to see the doctor. This would make him wonder if his trip is really necessary.

Dr McClone

If we consider that the patient should be seen then we put this on the card.

Dr Hodgkin

Yes, but that is *our* decision, not the patients.

Dr McClone

A decision about prescribing should always be ours.

Dr Watson

We all have this problem of relatives asking for drugs for another member of a family. How often does a person not take the medicine prescribed? One of my house jobs was in a maternity home where the local superintendent had an idea that he was preventing puerperal sepsis by use of a certain drug. He had got as far as publishing his reports, and it was only whilst we were snooping around that we found a large pile of discarded tablets which the mothers had thrown away as they left. During that time we had recorded three or four people with very high temperatures. In fact the superintendent's figures were entirely bogus (a) because the tablets had not been taken and (b) because his facts were not right.

I would like to suggest that we look at the tablets which we know are not taken and we also look at the need for a variety of placebos. The value of the placebo is often forgotten and I use them quite intentionally. James McKenzie had five drugs or mixtures that he used in his whole practice, and these were used with continuing effect. How many of you have tried to cut down the strength of a tablet or even given a placebo and found that the patient feels better. Scientific papers report approximately a 30 per cent placebo effect of starch or sugar, but it is so easy to forget this and forget the value of the placebo.

Dr McClone

I agree with the value of the placebo but I have found that on a number of occasions the chemist has said "This is not much use, this is so-and-so." It does not happen so much in the town or city practice, but it is a problem in a rural practice.

Dr Watson

I am in a dispensing practice, so I have control of my dispensary.

Dr Howells

If you give a patient a drug and he feels better, what right have you to stop giving that drug? I have seen this problem not with drugs but with faith healing. I live near a faith healer and many of my patients are healed by him, but on one occasion a child was thought to have been cured of polio by this faith healer. The faith healer does not charge for this service but you are expected to make a suitable contribution. If the man has magic capable of curing polio, what happens when you stop contributing. Has he the power to bring the polio back? That was the problem that had worried the family for a number of years and benefited the faith healer.

Floor

There has been a tendency to look for a remedy in a bottle. We should be seriously concerned not only about the quantities of unnecessary medication which we prescribe, but also the quantities of unnecessary medication which the patients are encouraged to take. They take aspirin and many other products besides those that we have prescribed, and we should now ask ourselves how are we to reduce quantities of medicine consumed.

Chairman

I would like to ask the panel to say quickly what they would suggest the medical profession should do to educate the public about excessive medication.

Dr Hodgkin

This has got to be a combined operation, and we need much more co-operation between the medical profession and the news media. Once people start to see what you are trying to do, they will help.

Floor

Have you ever asked for help from the news media?

Dr Hodgkin

I agree that we have been backward in asking for this type of help.

Chairman

We have had a very interesting session and I would like to praise the speakers for their excellent contributions.