

August 1968

The Family Doctor and Mental Health

Kevin Hargadon

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Hargadon, Kevin (1968) "The Family Doctor and Mental Health," *The Linacre Quarterly*: Vol. 35 : No. 3 , Article 12.
Available at: <http://epublications.marquette.edu/lnq/vol35/iss3/12>

The Family Doctor and Mental Health

Kevin Hargadon, F.S.C.

The public today is being increasingly exposed to advertisements stressing the importance of a regular medical check-up. In no uncertain terms it is being told that early detection of disease can forestall and perhaps eliminate the severely incapacitating and deadly effects of disease that has been allowed to go on unchecked. We are all aware of such high-powered campaigns now being carried out in the areas of cancer, diabetes and arthritis. Except for an occasional voice raised in protest (Halberstam 1967), there is general approval of this increasing role of preventive medicine in America.

I would like to suggest that this preventive, rather than merely remedial, approach should also be extended to the psychological field. In addition I would suggest that our regular medical doctors could do much in this area. For many reasons it would be advantageous if a regular psychological as well as physical check-up were recommended by doctors to their patients as a routine

matter. In this way any unhealthy aspects of a person's physical or emotional well-being would have the advantages of early detection and possible prompt attention.

It would seem at first thought that a recommendation for a regular psychological check-up should be the task of the psychiatric or psychological professions rather than that of the regular medical practitioner. Perhaps it should. Both professions undoubtedly would support the early detection of emotional disturbance. However, this does not negate the fact that the regular family doctor is in a very advantageous position for making this recommendation. He usually has the faith and confidence of his patients. Realistically it must be admitted that there is still much fear and suspicion surrounding the psychiatric and psychological professions. There is a great deal of stigma and misunderstanding associated with a visit to a "headshrinker." A recommendation from a trusted doctor would help to counteract this, especially if this recommendation were a matter of routine procedure. Such a routine recommendation would not unduly raise the fears of the patient, although some anxiety will surely be called into play.

Not only is the regular family doctor in a good position to make this recommendation, but he is also in a good position to appreciate the role that emotional problems play in either

(Brother Kevin Hargadon is a clinical psychologist residing at De La Salle College in Washington, D.C. He is currently completing his dissertation for the Ph.D., while also engaged in counseling young Christian Brothers who are studying at Catholic University. Articles written by him have been published in the University of Chicago School Review, the National Catholic Guidance Journal and the La Sallian Digest.)

causing or aggravating physical ills. It is no secret that regular family doctors have patients whose ills are obviously mainly emotional rather than physical. One hears this from regular practitioners, reads about it in an occasional article (Shearer, 1967), and studies it in psychosomatic medicine (Alexander, 1950). Some patients come to the doctor more to become involved with another human being and to be cared for, than to get a specific medication. Were a routine psychological check-up to be recommended, such a clientele might be forestalled or the roots rather than the symptoms of their problems might be attacked. It would certainly relieve many guilt feelings aroused in a physician who prescribes a drug although he realizes the patient is, for example, a hypochondriac and needs a different form of treatment.

This suggestion in the abstract is not without difficulties in the practical order. A fear on the part of the general public about the activities of psychologists or psychiatrists is not confined only to the non-medical segment of the population. There are certainly some doctors who have their own fears and suspicions. To suggest to them that they refer their patients for a routine psychological check-up would receive little welcome and perhaps active resistance. Unfortunately, even in areas where support should be forthcoming, little pockets of resistance still persist.

But even were all medical resistance to disappear, many problems would still have to be dealt with. For example, where would all the personnel come from? The number of psychiatrists and clinical psychologists is woefully small, and already overwhelmed by the amount of

remedial work that needs to be done. Were yearly examinations to be added to this, especially if treatment were then found necessary, it would be literally impossible to catch up. Both a crash program to train more diagnosticians and a planned effort to start with the very young would have to be initiated. It is not too unrealistic to envision this kind of program working in conjunction with the government's present stress on community mental health centers. It might even lead eventually to the comprehensive health center where soma and psyche are attended together. Perhaps it would be recognition that it is folly to try to artificially divide an organism which functions totally, soma and psyche as one.

Difficulties still abound. Who would examine and treat? Even the professions have deep disagreements in this area. Psychiatrists and clinical psychologists are presently trying to clarify legislation on this point, not without a good deal of in-fighting and decidedly unprofessional behavior in the process. Hopefully the question will be settled before the needs of the public force a precipitous decision.

What would a psychological examination consist of? While the exact content and method of approach would be left to the individual professional, it would certainly touch on the main areas of functioning. These would include the ability to handle work and leisure time, as well as the way in which a person relates towards other people. The latter would include the ability to be intimate with friends and family, and the ability to relate sexually to one's spouse. One would inquire into the

role that fantasy life occupies in the life of the patient, and the ways employed in handling some major emotions like anger and fear. Values espoused, defenses used and areas repressed would be evaluated with a view to seeing how they help or hinder general functioning. Small children might well be evaluated in conjunction with an examination of the parents, a sort of "family functioning" examination. There would obviously be advantages in seeing the same psychologist or psychiatrist each year, once a competent one had been decided upon. Equally obvious is the necessity for more communication between the regular doctor and the psychiatrist or psychologist.

As yet, psychiatry and psychology are in their infancy. They do not have all the answers. Yet even at this stage

they can alert the public to some danger signals in emotional development, if only early and regular examination is encouraged. When we consider the enormous percentage of hospital beds occupied by mental patients, it is obvious that mental health is one of the nation's most pressing problems. It is high time that a campaign for early detection and prevention began to take hold. Such a campaign can use the support and recommendation of the regular family doctors.

REFERENCES

- Alexander, F., *Psychosomatic Medicine*. New York: W. W. Norton, 1950.
- Halberstam, M. *Patients who make the doctor feverish*. New York Times Magazine. February 5, 1967.
- Shearer, L. *It's all in your mind*. Parade. March 12, 1967.