

RESEARCH AS THERAPY?

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Increasing realization of the widespread incidence of mental disorder and various maladaptive behaviors has led to a demand for preventive techniques. Attention has slowly shifted from the pathologic individual to the treatment and study of his milieu. The institutional framework is no longer merely the context within which the individual's personality must be understood—it has become the focus for manipulations intended to have far-reaching consequences for whole groups of individuals and classes of behavior.

This paper discusses one of the problems involved in conducting research on preventive therapeutic techniques applied within closed social systems. In the course of evaluating a new program to combat military delinquency, the experimenter not only affected the object of his study but also was instrumental in its rapid disappearance. In addition to methodologic considerations, this finding will be discussed as an example of how the research investigator can free himself from the restricted role of participant observer and capitalize on these newly discovered powers.

This study was a successor to an earlier step in preventive social psychiatry, generated by the Army's concern with recidivism among military offenders. A program was developed in 1957 to have the Mental Hygiene Consultation Services (MHCS) screen psychiatrically all new prisoners at the various stockades and disciplinary barracks. Supposedly, this closer collaboration between disciplinary and mental health

agencies produced new corrective techniques, in addition to expeditious discharge of men with poor prognosis and/or multiple courts-martial. A decrease in the number of men incarcerated during the years following the adoption of this screening program was interpreted as evidence for the significance of the efforts by the MHCS. It was never clear, however, whether this accomplishment could be credited to the development of new corrective techniques, or was simply a relaxing of the procedures for eliminating recidivists from military prisons.

Nevertheless, such an apparent victory in the battle against military delinquency was sufficient encouragement for a new plan to emerge, this one aimed at preventing rather than merely treating the disciplinary problem. The substance of this new program was to institute thorough psychiatric screening at the time of the soldier's *first* court-martial, rather than wait until two or three courts-martial resulted in his confinement in a disciplinary facility. Thus the first court-martial would be recognized as a signal of marginal adjustment and a suitable occasion for the deployment of the mental hygiene team.

Although many military posts immediately adopted this First Court-Martial Program into their standard operating procedures, it was initiated on a trial basis for a six-month period at Fort Dix, New Jersey. The following research design was formulated to evaluate the merits of this new approach to preventing military delinquency. Soldiers receiving their first court-martial were to be randomly assigned to one of four groups. The first two groups would receive a complete diagnostic evaluation by the MHCS, including a social history, psychologic tests and a psychiatric

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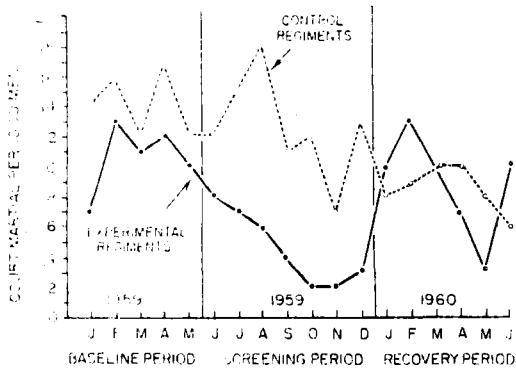


Fig. 1. Effect of screening program on courts-martial.

interview. MHCS conclusions and recommendations would be withheld from the referring source for the men in group 1, and sent back to the unit commanders for the subjects in group 2. Men assigned to group 3 would not actually be seen at MHCS, but would serve as a no-treatment control group. Group 4 would receive only a brief battery of psychologic tests (to provide information about the impact of being sent to a mental hygiene clinic), and would have minimal interpersonal contact. The subsequent military career of all of the subjects was to be studied for one year to evaluate the accuracy of the concerted clinical predictions.

To establish such a project within a closed social system, prudence indicated inclusion of some measure of the changes which might result from institutionalized feedback. Simply initiating a new program of any kind might—directly or indirectly—lead to some alteration in the typical behavior of the key members of the institution. This seemed particularly probable since the program entailed psychiatric screening, required the co-operation of quasi-legal and judicial authorities, and was to be performed within a military community. Subjects for the experiment were therefore drawn from only two out of the four training regiments at Fort Dix. The remaining two regiments served as addi-

tional institutional controls. In May, 1959, the unit commanders in the two experimental regiments were notified that, for the following six months, all first court-martial offenders must routinely be sent for evaluation to MHCS after completion of judicial proceedings. A directive signed by the commanding general was circulated in the experimental regiments in June, 1959, when the program actually began. No information was given to the personnel in the two control regiments. In December, 1959, the experimental regiments were informed that the trial period was over, and they need no longer send their first court-martial offenders to MHCS.

The principal finding of this study was that, immediately after the research project was started, the experimental regiments showed a marked drop in courts-martial but the control regiments remained unaffected. Consequently, there are no results to report on the four separate treatment groups, or on the accuracy of the clinical predictions, since very few first court-martial offenders were ever sent to MHCS during the six-month trial period.

Figure 1 gives the total courts-martial per 1000 men for the experimental and control regiments for the period January, 1959, to June, 1960—six months prior, six months during, and six months after the research project.

At the end of the research project the courts-martial given by the experimental regiments returned to the level of the controls. The courts-martial rate for the experimental and control regiments was tabulated for the previous year to check for seasonal variation: no systematic difference was found in the courts-martial rate during 1958 between the experimental and the control regiments.

Figure 1 shows a drop in courts-martial in both the experimental and the control regiments three months after the end of the research project (in April, 1960). Since this decrease in courts-martial seemed to par-

allel directly the results obtained by six months of intense scientific study, an attempt was made to determine the possible antecedents. Informal communication revealed that there had been a meeting of unit commanders from all of the regiments with the legal judicial military agency early in April. The high courts-martial rate at Fort Dix was discussed, as was the recommendation that the parties concerned make more use of company punishments, rather than courts-martial.

Clearly, the program of psychiatric screening had a tremendous influence on the courts-martial behavior of the unit commanders. The most likely explanation is that this program displeased them, and they stopped giving courts-martial to prevent MHCS from making evaluations of the men they were punishing. While obviously there can be no direct evidence for such an interpretation, it seems plausible, especially since a similar drop in courts-martial occurred three months after the end of the research project, when all of the unit commanders were informed that their courts-martial rate was conspicuously high. Interestingly, the experimental regiments showed the most rapid drop in courts-martial following this meeting (April, 1960), whereas control regiments were not so easily influenced. Perhaps this difference reflects a sensitivity to environmental pressures which the experimental regiments had developed through their participation in the First Court-Martial Research Project.

The results obtained in this research study dramatically emphasize the need to control for institutional feedback in the conduct of research within a closed social system. Without the information provided by such controls, new ventures in preventive social psychiatry may have the appearance of curing a problem, whereas actually key members of the institution have merely changed their administrative procedures, or their specific techniques for identifying or handling a particular type of

problem. If there had not been control regiments, or if the First Court-Martial Screening Program had not been established on a trial basis, it might well have seemed that the problem of military delinquency had been substantially reduced by the psychiatric screening. Such an interpretation assumes that the criterion used to measure a particular phenomenon is identical with the behavior itself; in actuality, courts-martial are not a problem, but only one index to the presence of the problem of military delinquency. A similar type of confusion between an index and the actual behavior may also be operative when a drop in prison population is interpreted as a tribute to the successful corrective efforts of the prison personnel, or when an increase in discharge rates in a mental hospital following a new treatment program is considered to reflect greater health in the patients. While the number of courts-martial, and the size of prison or hospital populations, are all operational definitions, they also, by definition, intimately involve major administrative decisions; as such, they may as well reflect a change in the mood of the bureaucratic structure, or pressures being brought to bear upon it, as any possible change in the behavior which these criteria supposedly measure. Thus, rapid increases in discharges in a mental hospital do not necessarily mean that the patients are getting well faster, or that more of them are getting well, but simply that some new factor has led to a change in the operation of the administrative procedures governing discharges. The essential element in the measure or control for changes in the performing research, can be just such a factor, unwittingly exerting a radical influence on the typical behavior of the key members of an institution. Unless he provides some measure of control for changes in the operation of the institution itself, *E* may mistakenly conclude that he has witnessed an important change in the patient population he is ostensibly studying.

In a less serious vein, the investigation at Fort Dix might also suggest a new stratum in our therapeutic armamentarium. Undesirable behavior of a social nature can be eliminated through the adoption of an elaborated program of research. Figure 1, showing the immediate increase in court-martial in January, 1960, suggests that relentless research is necessary to keep down the court-martial response because of the rapid dissipation of inhibition. However, there may be some optimal procedure—such that the major portion of the research effort can go into planning and publicizing

the research, with little or no experimental treatment of subjects actually necessary. The most economical scheme could be based upon present knowledge of partial reinforcement schedules. The institution might simply be informed that, at some time in the future, a full-blown research project may be initiated to study a particular problem.

Thus, the discovery of the Fort Dix phenomenon may serve to bridge the gap between the opposing camps of the experimentalists and the clinicians, through the emergence of a new professional personage: the therapeutic scientist.