Goffman's Asylums and the Social Situation of Mental Patients

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Erving Goffman's *Asylums* (1961), a participant observational study of St. Elizabeths Hospital in Washington, D.C., remains a classic more than two decades after its first publication. The book was favorably reviewed at the time and continues to sell well to this day. Over the years, excerpts and chapters have frequently been republished in readers and anthologies. Goffman's book or parts of it are often assigned to college students as required reading for different courses. Social scientists make frequent mention of *Asylums* in their own bibliographies for books and articles, as attested to by the Social Science Citation Index. And it has been cited in legal cases involving patients (Dietz, 1977, p. 1359) and has been influential in formulating mental health policy decisions.

Goffman's work on asylums was one of the first sociological examinations of the social situation of mental patients, the hospital, world as subjectively experienced by the patient. He posed as a pseudo-employee of the hospital for a year, an assistant to the athletic director, and gathered ethnographic data on selected aspects of patient social life. The usual kind of measurements, controls, and statistical evidence were not utilized. Goffman claimed that it was necessary for him to present a "partisan view" in order to describe the patient's situation faithfully. The main focus of the book is the world of the patient, not the world of the staff. Goffman admitted that he came to the hospital with no great respect for the discipline of psychiatry nor for the agencies involved with psychiatric practice.

*Asylum***s** is only one of a number of books that appeared in the 1950s and 1960s that studied those characteristics of mental hospitals that impinged upon patients and affected the course of their illness. Works by Stanton and Schwartz (1954), Belknap (1956), Dunham and Weinberg (1960), Strauss et al. (1964), and Scheff (1966) are the most notable examples. These studies are similar in that they all relied on qualitative data to describe the meaning of mental hospitalization for patients. The social scientists observed, informally interviewed, or masqueraded as patients. By and large, they all criticized the mental hospital and charged

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that it had a deleterious effect on patients. The hospital was generally pictured as an authoritarian system that forces patients to define themselves as mentally ill, change their thinking and behavior, suffer humiliations, accept restrictions, and adjust to institutional life. The Goffman book is probably the most widely known and quoted of these various qualitative studies critical of the mental hospital. Indeed, it has come to represent the whole genre as it is the most critical and the most negative in tone.

The bleak picture painted by Goffman of the social situation of mental patients derives mainly from his use of the total institution model. He places mental hospitals in the same category as prisons, concentration camps, monasteries, orphanages, and military organizations. Total institutions are places of residence and work where a large number of individuals are cut off from the wider society for a period of time. There is a fundamental split between a large managed group, inmates, and a small supervisory staff. Human needs are handled in a bureaucratic and impersonal way. The social distance between the inmates and staff is great, and each group tends to be hostile toward the other. Goffman describes at length the "inmate world" of the total institution. Upon entering the establishment, processes are set in motion to destroy the inmate's old self and create a new self. The person is dispossessed from normal social roles, stripped of his/her usual identities. The inmate undergoes a mortification of self via physical and social abuse. Contacts with outside persons are limited and inmates cannot prevent their visitors from seeing them in humiliating circumstances. One primary mode of adaptation of inmates in total institutions is "conversion," the adoption of the official or staff view of oneself and the acting out of the role of the perfect inmate. Goffman claims that among inmates in total institutions there is a strong feeling that time spent there is time wasted or time taken from one's life. The inmate learns that, if and when he/she gets out of the institution, life on the outside will never again be quite what it was prior to entrance.

In *Asylums* Goffman also talks about the "moral career" of the mental patient. By this term he means the regular sequence of changes that accompany mental hospitalization in the patient's self and in his/her judgements of self and others. These changes occur in both the prepatient and inpatient phases of the patient's career. In the prepatient phase, persons slowly come to the realization that they are losing their mind. This is culturally determined, according to the stereotypes dealing with the significance of various psychiatric symptoms. Anxiety then accompanies this perception of oneself. Until the point of hospitalization is reached, the prepatient or others may not conceive of him/her as a person who is becoming a mental patient. The whole of the prepatient career deals with a "reconstruction," a looking backward over events and relationships that take on new meanings once the person enters the mental hospital. In the inpatient phase, patients come to realize that they have been deserted by society. They are subjected to a rather full set of mortifying experiences and restriction of freedoms. Patients, especially those from middle-class backgrounds, are likely to feel a number of humiliations. Patients routinely offer different apologias, defensive lines about self, in the hospital. They feel the need to offer explanations for their illness and hospitalization to staff members and other patients. These apologias are often discredited by both staff and patients. In the hospital resocialization occurs — the staff try to instill in patients a sense that they did wrong in society and that they have to change their ways if they want to get out and function well in society. As part of the moral career, patients slowly come to accept the psychiatric view of themselves.

The success of *Asylums*, its rather substantial recognition and use by social scientists for more than two decades, has tended to overshadow the criticism surrounding Goffman's model of mental hospitals. Researchers and writers over the years have pointed out a number of deficiencies and weaknesses in Goffman's work and, at times, offered alternative ways of looking at asylums. Such criticism — based on attitude surveys of patients, experimental studies, theoretical discussions, and patient accounts of hospitalization — seems to be increasing at the present time. In general, these researchers and writers argue that the

social situation of mental patients is in reality quite different from the portrait drawn by Goffman. Specifically, they take exception to Goffman on three counts': his use of the total institution model, his claim that patients suffer a mortification of self, and his implication that patients espouse negative attitudes or motives toward the hospital. The purpose of this report is to bring together the different critiques of Goffman's notion of asylums in these three areas, and then to evaluate the data in light of present knowledge of mental hospitalization.

The Total Institution Model

One of the first major criticisms of the total institution model was leveled by Levinson and Gallagher (1964, pp. 18-23). They contend that Goffman's analogy that mental hospitals are similar to prisons, concentration camps, and monasteries is overdrawn and spurious. They find serious limitations in the concept of total institution as a generic organizational type and in Goffman's formulation of its intrinsic properties. Not all mental hospitals are total institutions and important differences between them — in organizational goal, pro fessional ideology, staff personality — are ignored in the model. In neglecting these sources of variation Goffman has unduly narrowed his theoretical scope. He provides too homogeneous an image of diverse organizational forms. Levinson and Gallagher believe that Goffman has created a theoretical model that is illusory and, in the end, nihilistic, since he includes only the self-negating features of the hospital. There is too much attention given to the myriad forms of betrayal, mortification, and identity transformation to which inmates are subjected and too little attention given to the therapeutic or rehabilitative functions of the hospital.

Levinson and Gallagher (1964, pp. 23-33) offer an alternative way of looking at asylums. They see the mental hospital as occupying an intermediate and somewhat shifting position between prison and residential college. The mental patient, like a prisoner, can become an inmate involuntarily or, like a college student, can become a resident voluntarily. Patienthood in a mental hospital, like imprisonment, is associated with failure, stigma, and punishment but, like college attendance, is considered an opportunity for personal growth and social advancement. Levinson and Gallagher maintain that relationships in the mental hospital, unlike the total institution, are more ambivalent and more subject to structural contradictions in both staff and patients. Attempts by hospitals to encourage voluntary admissions and to regard patients as active participants in the therapeutic process are steps away from Goffman's model.

Another criticism on a theoretical level of the total institution model and the manner in which the social situation of mental patients is portrayed is that by Linn (1968). He concedes that Goffman's analysis is creative, provocative, and insightful but argues that **Asylums** is nevertheless similar to the other qualitative studies of mental hospitals, in that the inferences drawn about the situation of patients are weakly supported by any rigorous empirical data. Linn faults Goffman with assuming that because total institutions appear to have common structural elements they also hold consistent and commonly shared implications for the way inmates define their situation. Linn believes the total institution model is inappropriate for most patients. Goffman's analysis has not established that mental hospitals are coercive and tyrannical and that patients suffer from abandonment, loss of rights, and depersonalization. In Linn's view, the hospital is not a closed system apart from the rest of society.

Siegler and Osmond (1971) agree with Levinson and Gallagher and with Linn, that Goffman's picture of asylums is misleading and even harmful. They claim that by significant omissions he manages to create the illusion that mental hospitals are like concentration camps or prisons. Siegler and Osmond posit that the chief shortcoming of Goffman's work is that he considers mental hospitals without mental illness. He is extremely unclear as to how the inmates happen to be there, and what their rights and obligations might be. Goffman does not see that the patients are truly ill, and that it is not helpful to tell them that their illness is a social fiction. Siegler and Osmond feel that patients would be treated better and would suffer fewer misfortunes if they were

accorded, and always maintained in, the sick role. They recommend a model of mental hospitals that takes into account the patient's illness and society's responsibility for proper treatment.

Goffman's Asylums is criticized differently by Lemert (1981, p.p. 294-95). His conclusions about total institutions, writes Lemert, failed to consider the possible effects of the special organizational features of St. Elizabeths Hospital. This hospital incarcerated political prisoners and has close ties to the federal government and National Institute of Mental Health. Goffman's generalizations about total institutions are thus limited. Mortification of Self

A fundamental process of Goffman's asylums is mortification of self. Regardless of how therapeutic or non-therapeutic a hospital is a patient's conceptions of self undergo a dramatic change for the worse because of the debilitating atmosphere in all total institutions. Karmel (1969) empirically examined Goffman's notion of mortification of self via an attitude survey of 50 state hospital patients. She used a measure of self-esteem (10-item scale of personal worthiness) and a measure of social identity (20 unstructured answers to the question "Who Am I?"). The findings revealed that at admission 66 percent of the patients had "high" self-esteem and 68 percent had "high" social identity; one month later, 60 percent of the patients gained in self-esteem and 78 percent had no change in social identity. Thus, most patients' conceptions of self changed for the better or stayed the same, and Goffman's hypothesis was not borne out by the data. Karmel believes that the mental hospital does not cause a mortification of self to occur in patients because most of them view their stay as temporary, feel that hospital restrictions are for their own benefit, and do not identify with the hospital personnel. What appeared role-dispossessing and humiliating to an outsider in a mental hospital like Goffman did not appear as such to a patient.

Townsend (1976, p. 54) has drawn attention to an internal inconsistency in Goffman's analysis regarding patients' self-conceptions. When discussing the characteristics of total institutions Goffman (1961, pp. 61-66) suggests that most inmates are not converted, i.e., do not come to accept the institution's definition of them. However, in the analysis of mental hospitals Goffman (1961, pp. 127-69, 375-86) implies that patients are converted, come to believe they are mentally ill. Townsend claims that this inconsistency in Goffman's work has led to confusion in the research on institutionalization. Townsend maintains that Goffman's notion that mental hospitals convert patients, change patients' self-conceptions to the hospital's conceptions of them, is wrong. Empirical studies of mental patients have consistently failed to demonstrate that they think of themselves as mentally ill. Townsend's own sample of 110 state hospital patients did not reveal changes in self-concept on the "Who Am I?" test and semantic differential ratings. He believes mental hospitalization, rather than converting the patient, involves an acceptance of institutional life and a utilization of the recreational aspects of the hospital instead of its rehabilitative aspects.

An experimental study of patients' presentations of self by Braginsky, Grosse and Ring (1966) also refutes Goffman's thesis that most patients are converted in the mental hospital. Long-term patients, given certain inducements, were found to modify their behavior to remain in the hospital. These researchers established that most patients do not reflect an actual change in their self-concept, do not "really" think of themselves as mentally ill, but rather engage in impression management. Goffman's view of mental patients as caught in the massive and debilitating pressures of institutional life, as powerless and impotent with no control over the hospital's decisions, is discounted. The patient, it is argued, is a responsible participant in the hospital's organizational life. Braginsky, Grosse, and Ring claim the most important outcome of hospitalization, the patient staying or leaving, is related more to patient motives and manipulative strategies than to hospital decision-making processes.

A sharp criticism of Goffman on a personal level was made in a report by Killian and Bloomberg (1975), a patient's own account of mental hospitalization. They contend that Goffman, with his notion of the

mortification of self, only considers the negative results of institutionalization. The possible positive effects, the constructive resocialization of the patient, are never considered. Goffman claims the patient is only a victim of psychotherapeutic processes, never a beneficiary. Killian and Bloomberg, a sociologist-patient and his psychiatrist, show that the mental hospital contributes significantly to a patient's recovery from illness, something completely foreign in Goffman's asylums. They believe the mortification of self is in reality merely a change of identity. Features of the total institution — the restrictions, deprivations, power of staff — are necessary to successfully resocialize the patient. Killian's compliance with the hospital's expectations allowed him to again achieve according to the expectations of important persons around him, thus increasing rather than decreasing his self esteem at meeting personal ideals.

Negative Attitudes Toward the Hospital

In Goffman's model of asylums, it is clear that patients are supposed to have negative attitudes or motives toward the hospital. The manner in which he characterizes the mental hospital experience — underscoring the loss of freedom, depersonalization, mortification of self, staff abuse, social rejection, loneliness — inevitably leads readers to the conclusion that patients could not possibly harbor a favorable view of their situation. And, throughout the Goffman book, categorical statements about patients' attitudes reflect his tenor of negativeness. For example, he says that patients commonly sense that hospitalization "is a massive unjust deprivation" (p. 142) and that "all patients feel some downgrading" in the hospital (p. 152). However, since the mid-1950s a number of researchers have surveyed the attitudes of hospitalized patients via quantitative methods and, in most cases, the results of these studies refute Goffman's contention that patients are quite negative.

At about the same time that Goffman conducted his investigation, Souelem (1955) questioned patients at a state and veterans' hospital. She developed the first scale to measure attitudes toward mental hospitals in general and writes that "the majority of patients in both institutions scored in the favorable end of the scale, approximately 85 per cent being above the midpoint of the scale" (p. 184). Other studies of the period that utilized the Souelem scale also reported a strong tendency toward favorableness on the part of patients (Brady, Zeller and Reznikoff, 1959; Klopfer, Wylie and Hillson, 1956; Wolfensberger, 1958). The refutation of Goffman's ideas about patients' attitudes is apparent from these study results of the 1950s, when mental hospitals were more custodial than they are today and before milieu therapy was commonplace.

Attitude surveys taken during the 1960s likewise tend to show that patients are positive toward mental hospitals in general (Gynther, Reznikoff and Fishman, 1963; Kahn and Jones, 1969) and positive toward their own institution (Goldstein et al., 1972; Kotin and Schur, 1969). The results of one survey, however, are especially important because the researcher specifically tested patients' attitudes vis-a-vis Goffman's claims and provides good contradictory evidence. Linn (1968), in a study of 185 state hospital patients, found that a majority said they wanted to come to the hospital, were not forced to come, had no fears of being hospitalized, did not feel betrayed by friends or family, and did not expect any loss of individual rights. Patients' unstructured replies to questions offered insight into their motivations. They saw the hospital as providing opportunities and services which were not available to them elsewhere. Patients largely wanted help with emotional problems and interpersonal difficulties. For many of them, coming to the hospital was a relief from a bad social situation on the outside. Linn contends that, contrary to what Goffman suggests, mental patients do not have a common or uniform attitude toward their hospital experiences. Goffman's position that patients come to the hospital for reasons unrelated *to* mental illness (e.g., because of deviant behavior, accidental circumstances, or familial rejection) is discounted. Linn faults Goffman with failing to recognize that hospitalization provides patients a means of reclaiming rights and privileges which had been lost to them in society as a result of their illness.

Perhaps the most compelling evidence against Goffman's view that patients are

unfavorably disposed toward the hospital is in two recent reviews of the literature. Weinstein (1979,1981) reviewed more than three dozen quantitative studies dealing with patients' attitudes toward hospitalization and psychiatric treatment in order to challenge Goffman and others who have criticized the mental hospital with qualitative data. The studies spanned a period of a quarter century and covered patients in all types of institutional settings. Special consideration was given to ascertaining patients' degree of favorableness in each study reviewed. Weinstein learned that in more than 77 percent of the studies a majority of patients espoused favorable attitudes. Time of study and type of hospital did not appreciably affect the degree of patients' favorableness. Thus, contrary to what Goffman or the other critics might presuppose, patients back in the 1950s and in state institutions were just as favorable as today's patients in private or university hospitals. Content analyses of the attitude measures revealed that patients are positive toward the hospital's therapeutic value, restrictions, organization, and amenities but are negative toward its patient government and staff/ patient relations. Based on the rather strong patterns of favorableness observed among patients in a wide variety of quantitative studies, Weinstein believes that the qualitative reseachers, of which Goffman is the leading spokesman, have perpetrated a myth about patients' attitudes.

Evaluation and Conclusions

The criticisms of Goffman's picture of asylums presented in this report seriously challenge his use of the total institution model. A number of researchers and writers, with statistical findings from mental hospitals or firsthand knowledge of patients, have argued rather convincingly that Goffman's portrayals are exaggerated and overdrawn. Not all mental hospitals are total institutions or remotely resemble prisons or concentration camps. Most patients do not see themselves as inmates who are coerced, abused, depersonalized, betrayed, or abandoned. Goffman's vision of mental hospitals without reference to the psychiatric problems of patients is actually quite myopic, as the two can never be divorced. And his generalizations about mental hospitals from one unrepresentative case study are suspect.

Goffman's total institution model is an "ideal type" of organization in the tradition of Max Weber's elaboration of the idea of bureaucracy (McEwen, 1980, p. 149). Both concepts have withstood criticism in recent years. Increasing variation in total institutions has led social scientists to recognize their immense variety and to study the variables that distinguish them. Goffman's work was also a historical, and perhaps herein lies the major weakness. He covered the historical development of asylums in less than one page (Goffman, 1961, p. 350) and simply linked the emergence of mental hospitals with the use of the medical model and public mandate for treating the insane. Grob (1977) maintains that mental hospitals were never the monolithic institutions portrayed by critics. During the 19th century there was considerable experimentation with different institutional forms, including the establishment of decentralized hospitals and community-like care. Grob's analysis of the characteristics of institutional populations during the last century suggests that, contrary to what Goffman says, hospitals were not intended as instruments of social control. The majority of commitment proceedings originated within the family, and those persons committed were seldom perceived as threats to society.

Empirical results from various investigations designed to test the mortification of self have all disproved Goffman's thesis. Most patients' conceptions of self changed for the better or remained the same during the course of hospitalization. The data also show that patients tend not to be converted to the institution's definition of them, and tend not to think of themselves as mentally ill. Personal accounts of mental illness and hospitalization substantiate the survey statistics, in that what is called the mortification of self may be merely a change of identity necessary for successful resocialization. Goffman has managed to distort the personal experience of institutionalization by considering only its negative and not positive effects on a patient's psyche.

Why is it that a mortification of self generally does not occur? The factor of

voluntary commitment may partially answer this question. Most patients enter mental hospitals voluntarily and this puts pressure on the organization to be attractive to them and can reduce or eliminate the process of mortification that Goffman described so vividly (McEwen, 1980, p. 155). Or, it may be, as Quadagno and Antonio (1975) have argued, that sociologists of the symbolic interactionist school of thought (of which Goffman is an important figure) have too much of an "oversocialized" conception of man. Here attention is given to those social forces which contribute to the building and maintenance of the self-concept but in a way that unduly emphasizes its breakdown and reorganization. The interactionists see the patient role in terms of labeling and stigmati-zation, which naturally leads to self-mortification. Quadagno and Antonio believe this view of patienthood is wrong. In their sample, most patients resisted the label of mental illness, e.g., by denying psychiatric symptoms or claiming their problems are normal and shared by many people. Thus, labels may be imposed upon the individual, but it is the individual who must integrate these negative definitions into his/her self-concept. Contrary to Goffman and the interactionists, there is no reason to assume that the attributions of others are automatically accepted.

The idea that patients harbor negative attitudes, so much a part of Goffman's asylums and the other qualitative studies of mental hospitals, seems to have no validity whatsoever when the quantitative research is examined. Surveys conducted in the 1950s, 1960s, and 1970s, measuring patients' attitudes via different methodological techniques, overwhelmingly reveal a strong tendency toward positiveness. Patients' degree of positiveness remained about the same regardless of the type of institution they were in and the time of the study. Contrary to what Goffman claimed, most mental patients did not manifest a sense of being betrayed and felt no loss of individual rights. They said hospitalization improved, rather than worsened, their social situation. Patients were motivated to come to the hospital for help with their emotional problems, and believed they got what they came for.

It is difficult to assess exactly why Goffman completely misinterpreted the meaning of mental hospitalization from the patient's view. Researchers and writers, however, have been concerned with this very issue and have pointed to various theoretical and methodological shortcomings. It is argued, for example, that Goffman was guilty of the "reformist bias" common among sociologists (Killian, 1981, p. 236; Levinson and Gallagher, 1964, p. 9). From its earliest days as a scholarly discipline, sociology has had many reformers or self-conscious radicals seeking to debunk existing social institutions and rid society of its evils. This led Goffman to identify with the patients in the mental hospital and see them as helpless victims of psychiatric practice. In addition, the role of pseudoemployee (or pseudopatient) in an asylum is not a satis-factory method of data collection (Linn, 1968, p. 215; Weinstein, 1981, p. 310). How could Goffman have accurately reported what it was like to be a patient in a mental hospital? He was not a bona fide employee involved in patient care and had no direct responsibility toward patients. Outside observers in mental hospitals inevitably misunderstand patients' social situation. Other reasons given for Goffman's biased reporting are his failure to take into account the pain all patients feel at one time or another, and his unrepresentative and unsystematic way of gathering data on patients.

The criticisms of Goffman presented in this report — dealing with his use of the total institution model, concept of a mortification of self, and implication that patients have negative attitudes — should cause social scientists to take another look at Asylums. The book is rich in literary metaphor and evocative language, but represents the observations of only one researcher. Readers have probably been persuaded more by its literary power than the weight of its evidence (McEwen, 1980, pp. 147-48). Most mental health researchers today do not blindly accept Goffman's model of men-tal hospitals, as they realize that it is more an exposition of a personal point of view than a carefully controlled study. Today's researchers conceive of the mental hospital in a variety of ways, based on the rapid changes

that have occurred in psychiatry in the past two decades. And, as we have shown here, many mental health researchers during the past twenty years, since Goffman's study was first published, have likewise raised questions about the utility of his model.

Goffman's view of asylums is not so much wrong as it is one-sided. He focused on the negative and debilitating characteristics of mental hospitalization without giving adequate attention to the therapeutic aspects. Goffman in reality has proffered the researcher's point of view, even though he claims it is the patient's viewpoint. The social situation of mental patients is never fully comprehended because of the distortion and exaggeration of the dark side to institutionalization. The bright side, the potential for recovery and the alleviation of psychiatric symptoms, is not part of Goffman's model. This omission is probably the greatest weakness of Asylums. Mental hospitals may be some kind of total institution but, unlike other kinds, they exist for the benefit of those committed there.

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Letters to the Editor

To the Editor

In response to Nutritionist Sally Rockwell's *"Letter to the Editor"*, Volume 11, Number 3, 1982, pp. 198-9, I think that it's important to mention a potential cause of food allergy: nutritional deficiency.

I think that a food can become addictive when it contains some element which satisfies that need, whether actually or deceptively (like wheat germ/sugar, supplying/ supplanting B vitamins, respectively, etc., which is craved and overindulged, speeding a reactive-compulsive cycle, resulting in allergy). You may be deficient because you and/or your ancestors habitually ate too much of the antagonist at a time.

My simple solution has been my "fast-metabolizers'" diet: I didn't seem to need to rotate foods, because I "nibbled" a bite or two of a wide variety of foods every three hours (I'm self-employed now, but I've managed at the office). Of course I supplement a wide list of constituents, for endogenous and exogenous reasons; (the more potent, the better I've felt) and I take snacks with me wherever I go, as margin against depletion. It's easier to lose weight or stay slim, because I eat before I get hungry (I'm satisfied with just a few calories, so that there are few left to store as fat, after supplying energy between meals: healthy snacks). And the less I eat, the less hungry I get. In Behavioral Nutrition (Journal of Orthomolecular Psychiatry, 8, 3, 1979) Dr. Abram Hoffer says that "frequent feeding of small meals is generally healthier than one or two large meals per day." Because I eat small amounts often, my system isn't required to expend much energy in digestion; I evacuate at least once a day, which takes but a few seconds each time, reducing my risk of developing colon cancer, et al.

I think that my previous allergies to specific foods were manifested because I ate meal-sized portions, even as seldom as every few days. If the body demands variety in and of life-genre, as my experience indicates, amount of food eaten, period of time spent on any one activity, etc., were better limited, to maintain optimal health.

My life is even happier, now that I've discovered that I am actually hypoglycemic (Hyperinsulinism): even just cutting one hour off my snack (meal)-interval has made a remarkable improvement in my demeanor; plus, I don't need to plan, because I eat the same foods every time, every two hours: a bite each of a wide variety of fresh, raw fruits and vegetables, sprouts and legumes, etc. (I'm a Seventh-day Adventist: Vegetarian, NO animal products, since they have led to allergies, and are decried in the Bible). I love my diet! My life is a lot easier, since I don't have to prepare meals which unprepared my health! (My husband is hypoglycemic, too.)

My life-style experiment has been success-

ful for four years, with help from Dr. Lendon Smith. I'm proving that the brain is part of the body, the mind is inside the brain, therefore the mind is part of the body, so fed by the same blood. So far, I've evaded and treated genetic alcoholism, anorexia/bulimia, diabetes, nail-fungus, schizophrenia (Hyper-insulinism?), vaginitis, etc., and I pray for the movement's predominance.

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To the Editor

This letter is to acquaint your Journal's readers with the **International Journal for Biosocial Research.** Published quarterly, the **Journal** publishes research and articles on the history, development, and problems of environmental, nutritional, genetic, and biochemical factors that affect human behavior and social groups. A refereed and internationally abstracted Journal, published studies and articles would be of particular interest to your readers. Topics recently published of interest include: Nutrition Changes that Heighten Children's School Achievement Smoking Cessation and Acid-Base Balance: Controlled Research Double-blind Study of the Effect of
Sucrose on Deviant Behavior Selenium and Human Chemical Hypersensitivities Implications of Food and Chemical Susceptibilities for Clinical Psychology Controlled Research on Food Dyes,
Sucrose, and Hyperkinesis Nursing Study on the Effect of Environmental Color on a Psychiatric Population Effect of Visible Lightwaves on Arthritis:
A double-blind study Effects of Color Upon Psycho-physiological and Behavioral Reactions of Severely Behaviorally Disordered Children (in color) Future studies include: Findings of a Five Year Controlled Study
on Behavior and Physical Exercise New Report on Nitrites and Behavioral
Abnormalities in Animals Double-blind Study of Specific Chemicals
Provoking Disordered Behavior
A Review of Neuro-regulators and Behavioral Disorders
Book Reviews, Course Announcements, Letters-to-the-Editor, etc.

We also invite your readers to submit their studies, clinical findings, and articles to the Journal. We would be pleased to send manuscript submission guidelines.

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Alexander G. Schauss, Ph.D. (c.) Editor-in-Chief

To the Editor

I wish to thank Dr. Hoffer and Dr. Pauling for refuting the Opinion Statement of the Royal Australian and New Zealand College of Psychiatry October, 1981/May, 1982 (see Letter to the Editor, Vol. 11, No. 2, 1982, 111-115). Because of misquotes what was actually said in inverted commas, it is not even in agreement with the APA Task Force of 1973 (which has been refuted unchallenged) and is thus also misleading and has misled. Orthomolecular Medicine/Psychiatry by definition is vitally interested in measuring "demonstrable biochemical defects" (omitted) and thus should have wide professional acceptance. I also agree the definition is wrong in that it is neither Pauling's definition or my later definition (see Letter to the Editor, Vol. 10, No. 1, 1981, 29-34).

Because the Commonwealth Health Department acted on the "unanimous conclusion" of the three colleges and the College of Psychiatry was one of the three parties, the above should cast serious doubt on the validity, impartiality and bias of that unanimous conclusion.

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