Letters to the Editor

With this issue the *Bulletin* is initiating a "Letters to The Editor" section. Only letters that are responsive to articles published in previous issues of the *Bulletin* will be accepted. Authors of these published articles are encouraged to respond to the comments of letter writers. The Editorial Board hopes that this new section will enhance the educational mandate of the *Bulletin.*

Editor:

The recent article "Seroprevalence of Human Immunodeficiency Virus Among Inpatient Pretrial Detainees" (Schwartz-Watts *et al.*, 23:285–8, 1995) is a rare glimpse of the HIV epidemic in a forensic population. What's more, this is one of the few studies of HIV among psychiatric patients outside New York City to appear in the peer-reviewed literature.

Unfortunately, it represents a lost opportunity in two important ways.

First, the reported HIV prevalence of 5.5 percent pertains only to those patients who consented to be antibody-tested. The authors noted significant differences between those who consented (a self-selected group) and those who did not, but failed to say how these differences limit the representativeness of the group they studied. Given such limitations, it is imprudent to conclude that "HIV testing should be mandated at all facilities housing detainees," because 1 in 18 patients seeking HIV testing is indeed infected. The same rate of HIV infection among psychiatric inpatients sampled anonymously led other investigators to a very different set of recommendations regarding testing.[1] Mandatory testing is conducted in few settings, and the authors neglected this literature altogether.

Second, although the authors lament the lack of information regarding the "causes" of elevated infection rates among psychiatric inpatients, they inexplicably reported no attempt to learn what factors were associated with a positive HIV status, despite having collected relevant data.

In spite of this study's shortcomings (including the confusion of incidence, prevalence, and seroprevalence), it may stimulate more rigorous examination of HIV in this under-studied group at the intersection of psychiatry and the law. HIV testing policies must be carefully reasoned, balancing individual rights and public health concerns, and based on the best efforts of researchers. These best efforts are worthy of the *Bulletin's* attention.

Karen McKinnon, MA
Research Scientist, New York State
Psychiatric Institute
Project Director, Columbia University
HIV Mental Health Training
New York, NY

Address letters to: Seymour L. Halleck, MD, Editor-in-Chief, Bulletin of the American Academy of Psychiatry and the Law, Department of Psychiatry, University of North Carolina, CB 7160, Medical School Wing D, Chapel Hill, NC 27514.

Reference

1. Cournos F, Empfield M, Horwath E, McKinnon K, *et al.*: HIV seroprevalence among patients

admitted to two psychiatric hospitals. Am J Psychiatry 148:1225–30, 1991

Editor:

While Judith Herman's article (23:5–17, 1995), based upon her Guttmacher lecture at the 1994 AAPL meetings, provides an articulate position statement of many practitioners who diagnose and treat persons who have suffered childhood sexual abuse, the terms in which she frames the current public controversy about "repressed memories" are both misleading and ultimately destructive. Essentially, Dr. Herman describes a dialectic between those who believe at face value the enhanced memories of victims of childhood abuse and those who express skepticism. Such a formulation turns the present controversy about recovered memories into a morality drama, with the forces of good (those who believe) lined up against the forces of evil (those whom she accuses, explicitly or implicitly, of collaborating with and protecting the perpetrators).

But I suggest that these are not the proper terms in which to discuss the controversy. The dialectic is not between knowing and not knowing, speech and silence, as Dr. Herman suggests, but involves an entirely different dispute, that between responsible medical practice (I include psychotherapy under this rubric) and flim-flam therapy. As long as Dr. Herman and other leaders in this field continue to make it a moral issue as to whether memories of childhood abuse are true or fabricated, they remain committed to ignoring what the debate is all about. The debate is about the irresponsibility of those therapists who proceed along two related lines: first, they already know on first encounter that their patient has been sexually abused in childhood, regardless of the patient's lack of memory of abuse, and second, they are tireless in their efforts to work on memories until the patient "remembers."

Instead of acknowledging that this sort of practice is commonplace, Dr. Herman and others suggest that such occurrences are rare indeed, and that there must be something psychologically amiss with any mental health professional who voices skepticism about some very farfetched tales and who criticizes those therapists and clinics that now have full caseloads composed only of abuse victims. The tragedy is that these patients are once more turned into victims, but now by the very therapists who take both well and marginally functioning patients and convert them after several years of visualization therapy and hypnotic enhancement of memories into women who have lost their jobs, marriages, and child custody, are dependent on public assistance, are dissociating and self-injuring frequently, and have little life other than as a self-identified victim. The causes of much of this social and personal disintegration are not the abuse experiences, bad as these may have been, but the irresponsible treatment provided by irresponsible therapists. There have always been quacks in medicine, and the present epidemic of therapists who see childhood abuse everywhere continues this tradition.

Dr. Herman, given her seniority and

[place of] respect in psychiatry, is in an excellent position to acknowledge and speak out against bad therapy. The present recovered memory controversy is primarily between therapists who differ about what constitutes responsible therapy and what constitutes credible or even adequate evidence. It serves no helpful purpose for Dr. Herman to occupy the moral high ground by analogies to the Holocaust and the murderous Pol Pot regime in Cambodia.

Jerome Kroll, MD
Professor
Department of Psychiatry
University of Minnesota Medical School
Minneapolis, MN