A MINISTER writes . . .

In my work of pastoral counseling I naturally have frequently an occasion to refer people to specialists for further consultation and treatment. The problem that I am constantly faced with, and I know that many of my colleagues in the ministry are faced with the same thing, is to distinguish between the specific functions and the differences between the psychiatrist, the psychoanalyst, the psychotherapist, and the clinical psychologist.

Can some of your experts help us to distinguish between these four specialists by telling us what their major areas of specialization are, and what kind of problems need to be referred to each?

—THE REV. DR. HOWARD O. WYNNE
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JAMES A. KNIGHT, M.D., Assistant Dean and Professor of Psychiatry, Tulane University School of Medicine, New Orleans, Louisiana, replies . . .

No specialist in human behavior has exactly the same training, talents, or personality as the other. No two patients have the same needs or the same degree of illness. In no other area of healing is it more important to match properly the patient and the individual specialist. Thus, proper referral is crucial yet difficult.

The psychiatrist is a medical specialist. He has an M.D. degree and has gone on to specialize in psychiatry in the same way that one specializes in surgery or pediatrics. His training is patient-oriented and his chief interest is in healing.

Psychoanalysis is a specialty within the specialty of psychiatry. One pursues his psychiatric specialty training to the point of qualifying in this sub-specialty. Thus, a psychoanalyst is a physician. (A point of confusion is that there are a few lay psychoanalysts still around. These are people without a medical background. Freud accepted lay people in his movement and trained many of them. The matter is further confused by occasional social workers or psychologists who have had a personal analysis and then in whatever setting they are functioning, announce that they are doing
psychoanalysis and implying that they are lay psychoanalysts. In this discussion I will refer to the psychoanalyst as a physician.)

The clinical psychologist is trained to administer and evaluate psychological tests, and this is an extremely useful function. He has some training in counseling and certain levels of psychotherapy. He is not a physician, though, and thus cannot administer drugs, does not have the privilege of hospitalizing a patient, and cannot assume medical-legal responsibility for patients. He is usually working in a clinical team setting with psychiatrists, but there are a number in private practice, and the number is increasing every day. The range of their training and ability varies widely. Since there are licensing procedures in only a few states, the qualified clinical psychologists are distressed that a number of unqualified people are hanging out their shingles in private practice and calling themselves clinical psychologists.

Psychotherapist is a term that can be used by anybody doing therapy in the field of mental illness and emotional disorders. It tells nothing of one's training or qualifications. Usually, in writing or speaking, the term serves a useful purpose of grouping under one heading many types of therapists with the diversity of training and approach. I would be reluctant to refer a patient to somebody who listed himself as a psychotherapist without knowing much more about his credentials.

The psychoanalyst sees only a few patients. Most of these patients are seen from two to five times a week for one-hour sessions. The treatment may extend for a year or several years. He has his best treatment successes with patients suffering from neuroses or personality disorders, and he carefully evaluates each patient before beginning the analytic therapy.

As for the psychiatrist, he may devote his time to analytically-oriented outpatient therapy, or he may have a hospital practice and treat mostly psychotic patients, using electroshock therapy, insulin, drugs, etc. He may do individual or group therapy with outpatients or inpatients. He has the privilege and training to handle a wide variety of patients and problems, using a variety of techniques. He will select the most suitable therapy for each case. After evaluation he may refer the patient to another psychiatrist, or maybe back to the referring minister for counseling.

If the clinical psychologist is working in a guidance center or medical school setting where psychiatrists are members of the clinical team, I would not hesitate to refer most any patient to him, regardless of the disorder. In such a setting there would be evaluation and consultation by others of the group. If he were in private practice, I would not quite know what cases to refer to him.

Diagnosis is a continuing process, and an illness that has chiefly mental symptoms must be re-evaluated and the treatment plan re-assessed each time the patient is seen. Since any separation of the patient into mind and body is an artificial setting, I prefer a situation where the physician has some part in the handling of the case.

THE REV. DR. ERNEST E. BRUDER, Director, Protestant Chaplain Activities, Saint Elizabeths Hospital, Washington, D. C. answers . . .

We are very often asked to distinguish between a psychiatrist, psychologist, psychoanalyst, and psychotherapist. Since these professional designations are appearing with increasing frequency in the literature for ministers, perhaps a few words of explanation would help.

In the United States it is required