It is a question of concern primarily with safeguards for supplying services outside of the psychologist's area of competence.

For the Committee's information, and for the record, I should like to point out that the proposed legislation contains a specific provision, Section 4, on this matter, and that it is in accord with the official policy adopted by the American Psychiatric Association in 1964, a policy agreeing with similar action by the American Medical Association in 1960. Further, Section 4 is consistent with recommendations made jointly by what we call the "relations" committees of the two national associations, the American Psychological Association and the American Psychiatric Association.

I should like to expand for just a moment beyond my written testimony, in the light of the questioning that has gone on this morning.

First, I would like permission, Mr. Chairman, to submit for the record a lengthy article entitled "A Critical Look at Professional Education in The Mental Health Field," by Allen S. Mariner, who is in the private practice of psychiatry in New York State. I think that article will be most helpful in answering some of the questions that have arisen this morning with respect to the medical basis of psychological practice.

Mr. SISK. What length is that article? How long is it?

Dr. BRAYFIELD. It is about five pages.

Mr. SISK. Without objection, I think that we will make the full text of that article a part of the record, it seems it might be of some value to the Committee.

(The article referred to follows:)

A CRITICAL LOOK AT PROFESSIONAL EDUCATION IN THE MENTAL FIELD

Allen S. Mariner

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Various writers in the "mental health" field—that is, that area of human endeavor devoted to helping persons with emotional or psychological problems—have considered the problem of educational preparation for the field. Looming large in their considerations have been questions concerning the relevance of medical education and training to the actual practice of those working in the field. This questioning began almost as soon as the field was first defined in meaningful intellectual terms, and it was begun by the man who was most instrumental in defining the field as we know it today—Freud himself, in his well-known essay on "The Question of Lay Analysis" (1947, orig. publ. 1926). Since the appearance of this essay, others have added their arguments to Freud's original contribution; among contemporary writers Kubie (1954, 1957, 1964), Szasz (1959, 1961), Gardiner (1960, 1962), Eissler (1965), and Schofield (1964) have addressed themselves to this problem.

Discussion of the issues involved has been severely hampered by intense interprofessional rivalries and by problems of definition. Among "medically oriented" psychiatrists, the problem is "solved" by forcing the professionally observed and manipulated phenomena into what has seemed to many a Procrustean bed of quasi-medical terminology; by defining deviant behavior and feeling in terms of "illness" or "disease," these psychiatrists place such phenomena firmly within the domain of medicine. The defenders of this position have been vigorously challenged by militant clinical psychologists with the able backing of dissident psychiatrists. Psychiatric caseworkers and lay analysts have remained largely aloof from this argument, at least in print. Caseworkers have been beset with the most acute problems of professional identity: With rare exceptions, they lack the magic degree which enables one to be called "Doctor";