observer unhampered by institutional concerns, it would seem apparent that a knowledge of human behavior, thought, and emotion would be the logical and necessary foundation on which a professional practice dealing with disturbance of behavior, thought, and emotion would have to rest. Thus psychology—or, more generally, "behavioral science"—would seem, unquestionably, to be the basic academic discipline of choice. (That this should be considered a heretical statement when made by a psychiatrist is evidence of the almost incredible irrationality of the medical profession in this area; "a psychological background for dealing with psychological problems" would seem as obvious a choice as "a biological background for dealing with biological problems.") The relevance of personality theory, learning theory, communication theory, and the study of group interactions seems too obvious to need emphasis. Also relevant to the professional task would be some knowledge of sociology, to provide a broader perspective and to place the individual and the family in a social framework, and some knowledge of human biology, of the body in and through which man perceives his environment and expresses himself. A broad humanistic education and education in scientific method should be included to guard against what the French so aptly term *déformation professionelle.*

To approach the question from the other direction, the earlier discussion of the operational surface of the mental health professions may here be briefly recapitulated: The work of the mental health professional consists mainly of formulating, within some psychological theoretical framework and in psychological (or sociopsychological) terms, the problems presented to him by those who seek (or are brought into) his professional influence, and attempting to ameliorate these problems. The methods used in the formulating (or "diagnostic") aspect of the professional task are interviews of various sorts and, sometimes, psychological testing. The methods used in the therapeutic aspect of the taks are—again—interviews of various sorts (individual, family, group, etc.), environmental structuring (e.g., hospitalization), the prescribing of a limited number of "psychoactive" drugs, and (in a decreasing number of cases) electroshock therapy or referral for such therapy.

What are we to make of the fact—and I take it to be a fact—that good "diagnosticians" and therapists come from backgrounds which include nothing in common beyond training and experience in formulating and working with human problems by means of interviews? What are we to make of the discomforting fact that Margaret Rioch can train intelligent housewives to perform quite competently as therapists without the benefit of specific backgrounds in any of the usual "disciplines" (Pines, 1962)? What of the fact that psychiatrists with no training whatever in psychology other than psychoanalytic theory can be excellent therapists? The clear implication of these facts is that psychotherapy is still largely without true scientific underpinnings—is still, to use a cliché, as much art as science (perhaps, alas, more art than science).

Just as surely as this is the case today, however, the academic field to which we must look for elucidation of what we are already doing in diagnostic and therapeutic interviewing—and for *scientific* instruction in how we might do better—is psychology—whether it be the study of the intrapersonal psyche, the study of interpersonal behavior, or the study of the effects of hospital ward environments. If the practice in which we spend most of our time—namely, the psychological aspect of mental health work—has any scientific validity whatever, then our common basic discipline is psychology. If the important "answers" are really to be found in some other area—for example, neurophysiology or biochemistry—then we have been wrong all along—just as wrong as one would be in trying to treat a uremic delirium by psychotherapy. If, for example, certain cases of what we call "schizophrenia" were found to be caused by a chemical deficiency, those cases would at that point pass out of the realm of the mental health professional and into the realm of organic medicine (like delirium tremens, general paresis, and psychoses associated with brain tumors). The particular manifestations and emotional reverberations of the chemical aberration might be investigated psychologically, but the basic problem would be a medical one.

It may be objected that although the disturbances with which we deal are "psychological," physical methods can be—and are being—found to take the place of that cumbersome and time-consuming activity known as psychotherapy. In this view, pragmatic therapeutic "answers" may come from such fields as biochemistry and neurophysiology even if the theory explaining the disturbances remains psychological. To the extent to which this view proves valid, the mental