

INSTITUTE OF CURRENT WORLD AFFAIRS

JLS-20 Review: THE THIN EDGE

29 West 17th Street
New York, New York 10011
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Mr. Richard H. Nolte
Institute of Current World Affairs
535 Fifth Avenue
New York, New York 10017

Dear Mr. Nolte:

Last spring the Science Program Group at WNET in New York produced five shows about mental health under the title The Thin Edge, and the Public Broadcasting System has run them at two-week intervals on public television stations across the country. The programs are about various mental health problems.

Depression: The Shadowed Valley
Aggression: The Explosive Emotion
Guilt: The Psychic Censor
Anxiety: The Endless Crisis
Sexuality: The Human Heritage

As the viewer is reminded at the start and finish of each hour, The Thin Edge is "made possible" by a grant from Bristol-Myers Company, the pharmaceutical giant, which reportedly spent several hundred thousand dollars to underwrite the series (a costly undertaking, by public television standards).

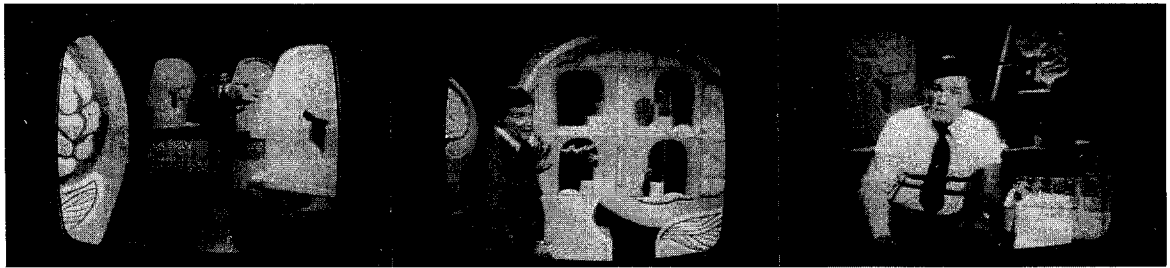


Jeffrey Steingarten is an Institute Fellow interested in the relationship among psychiatry, psychoanalysis, and law.

The format of the programs is nothing out of the ordinary, alternating between filmed segments and taped studio sequences. Our host is David Prowitt (also the series' executive producer), who introduces the topic of the week, ties together the filmed segments, which he also narrates, and closes the program, summing up what it all means for the viewer's health. As he talks into the camera, Prowitt strolls through the set, a handsome one consisting of five flats in the shape of stylized, gray human heads, eight feet tall, each with a stylized brain and brainstem. Two of the heads have four rectangular revolving panels set into the brain area, and from time to time in his exposition, Prowitt will turn the panels around to discover some graphics on the reverse side that illustrate the point he's making--four symptoms of depression, four sources of guilt. Some of the flats have shelves projecting out between the nose and the brain to hold props. Sometimes there is a slide screen on stage for illustrating points with still photographs, and sometimes there is a large piece of equipment, a lie detector for example, for Prowitt to demonstrate. Most of the time, the set is brightly lit with the familiar blue cyclorama behind everything. Sometimes the lighting is dimmed and the cyc goes red. At the close of each program, the heads are lit with different colors as the credits roll before them.

Each hour-long show is followed, at least in New York, by "Helpline," an hour of "community outreach" sponsored by the Van Ameringen Foundation. A panel of six or seven experts, Prowitt, and a crew of 30 "mental health workers" manning a bank of telephones answer viewers' queries or refer them to agencies where they may find help from professionals.

This viewer looked forward to The Thin Edge series both as a major treatment of mental health topics by public television and as an index of popular ideas on the subject. Maybe the only



thing you could safely say about mental health today is that it is a field embroiled in controversy: about theory, about technique, about ethics. The ancient controversies of nature-versus-nurture and mind-versus-body are as alive in contemporary journals of psychiatry and psychology as ever they were. Disagreement among behaviorists, psychoanalysts, and somaticists extends to the most basic theoretical levels, where it would be unthinkable elsewhere in applied science, in building a particle accelerator or a kidney machine, say, or in sending a man to the Moon. At the same psychiatric hospital, some doctors may rely mainly on drug and shock therapy, others on the talking cure, still others on behavior modification--and the treatment a patient receives can be determined by which ward has a free bed the day he shows up for admission. What therapies are most efficacious and for what kinds of problems, and how one judges efficacy--these are issues barely closer to resolution than they were fifty years ago. And the work of mental health professionals is afflicted with ethical dilemmas. When may what forms of treatment be compelled? Can one make an intelligible distinction between therapy and social control? What must the patient be told about the side-effects of a given therapy before it may be administered? How is one to define "sickness" and when does therapy become an opiate, a surrogate for social change? WNET might have produced five lively programs on these questions alone.

But the science department at WNET apparently had other objectives in view: to enhance the public's understanding

of emotional troubles, to "destigmatize" the problems viewers or their families may have, to encourage them to seek professional help if they need it. Controversy would have to take a back seat. But if one side of a current issue were ignored, WNET would become a public advocate for whatever theory or therapeutic technique or ethical stance it featured. And The Thin Edge production staff would have to find the right balance between the banalities and sopiness of pop psychology and the specialized terminology that marks the activities of mental health professionals. This viewer was eager to learn how The Thin Edge would navigate among these Scyllas and Charybdises in its way.

"Depression: The Shadowed Valley" opens the series. First there are shots of the Biblical King Saul, Abe Lincoln and others, over which is heard Prowitt's narration:

Depression: It's a mood. It's a state of mind. Sometimes it's a sickness. Mankind has lived with it ever since the beginning of recorded history. King Saul suffered from severe depression. So did Abe Lincoln....

Another side of the disease--manic depression--has been shared by as diverse personalities as Nebuchadnezzar, the king of the ancient Babylonians and Josh Logan, one of the kings of Broadway. Today an estimated 19 million Americans are suffering from depressive disorders. But most of us don't know depression in those terribly destructive forms....

But the fact of the matter is that we're all linked together by our emotions. Nebuchadnezzar, Abe Lincoln, Winston Churchill and me--and you too--all of us who, in our own ways, are living with and coping pretty well most of the time with our emotions.

What we know about them, what the experts are learning about how to handle them when they get out of hand and how you can become more effective at living with yourself is our story.

One minute of The Thin Edge and this viewer starts quibbling. How do they know Nebuchadnezzar was a manic-depressive

when any two psychiatrists will disagree 30-40% of the time about the correct diagnosis of a patient standing right in front of them? And isn't manic-depression supposed to be a thing in itself and not just "another side of the disease" of depression? Why take the word "disease" so for granted when the disease-like characteristics of manic-depression (like homogeneous symptom patterns and predictable response to treatment) aren't shared by "neurotic depression" and "psychotic depression"? What's the basis of those figures about the "estimated 19 million Americans" suffering from depressive disorders? (A few weeks later, on the May 21 installment of WNET's Feeling Good health series with Dick Cavett, the number of depressed Americans was put at 8 million, either a dramatic improvement attributable to the coming of spring or proof of the silliness of these statistics.) Are most of us "coping pretty well most of the time with our emotions" as if emotions were simply bothersome bugs in an otherwise rational machine, or are emotions and their vicissitudes more central to our humanness, not just to be coped with and controlled?

The viewer swallows his quibbles to take in the rest of the show. Prowitt introduces himself and devotes a minute to the history of Western psychology, taking passing pot-shots at bygone theories, including phrenology, and briefly mentioning Freud and the inadequacies of psychoanalytic treatment. Next, he heralds the "breakthrough" in biochemical research in the 1950's.

And they found drugs that could restore the normal balance of these [hormone] systems. And when they did, the depression vanished.

Then Prowitt introduces a short film interview in which a doctor from NIMH talks of the statistical evidence that there are genetic factors in depression.

"And the drugs are working," continues Prowitt, introducing a longer film segment about a West Virginia housewife whose depression was cured with lithium. She makes light of a psychiatrist who had told her there was no pill she could take to change her personality, recollects how she hated psychotherapy. And she tells us about the "miracle" of lithium.

Back to Prowitt, who makes a confusing distinction between manic-depression and garden-variety depression and introduces a film interview with a lithium expert, who shows us the little pills.

Lithium is a simple, naturally occurring element in the ground. It's one of the basic elements in nature. The interesting thing about this element is that lithium is the first specific, prophylactic treatment ever to come about in the field of psychiatry.

Prowitt mentions the two to three weeks it takes to find out if lithium is working and what dosage is just right, and to evaluate "possible side effects." He introduces another film segment in which a Boston researcher tries to "cut long days from the search for proper medication" by monitoring electrical impulses in a patient's facial muscles to discover whether the patient is getting happier. This used to be called smiling.

Then Prowitt leads into a segment about shock therapy:

But if you were severely depressed or possibly pre-suicidal, there may not be that much time to wait for help. There's an old treatment for depression that works. It fell into disfavor some years ago, but now with new research it's being reappraised.

On film, a psychiatry professor's encomium to shock treatment: most effective therapy we have for severe depression; 80-90% improvement; simple and easy with the help of sedatives and relaxants. On the screen the viewer sees a shock apparatus. It looks benign and sleek and shiny as a Swedish telephone. We

see a patient being shocked: slight movement in the toes is all. With the aid of pure oxygen administered through a mask, we are told, the patient "spontaneously breathes again," walks home a half-hour later. No serious side effects.

Ever so briefly Prowitt mentions "a number of doctors in the mental health field" who think shock treatment damages the mind, and moves on to suicide.

About twice as many women as men try suicide, but three times as many men succeed. The reason? Difference in method mostly.

That is, women are less competent, even at suicide. Another film segment: a professor from UCLA plays us a tape-recording of a woman describing how she went about immolating herself in her car with a gallon of gasoline. Next a Yale psychiatrist proposes that the evidence for hormonal and genetic causes of depression doesn't explain depression in women. Possibly it's their "role in society."

Unmindful of what this evidence may imply for his earlier claims about genes and hormones, Prowitt passes from women to children:

We begin experiencing sadness over loss early in childhood. The phrasing may be different than [sic] adults, but the same feelings are there.

Film of five children, each uttering one sentence like, "When my pet died, I wished I still had him." Prowitt tells us that one begins developing "coping skills" in childhood, and we see nine children uttering one sentence each about their "coping skills" like, "I just go someplace where no one else is" or "I yell and scream." Next a pioneer in therapy for childhood depression is interviewed:

You hear on TV documentaries, you hear on newscasts all the time, what's happening to the youth of America.

Everybody says they're acting so badly. Maybe they're not acting so badly. Maybe they're very depressed.

Prowitt informs us that "the professional mental health field isn't very big:" 160,000 of them in this country. Small research budgets compared with cancer and heart disease, which afflict fewer people.

Comparing mental health research to building a space ship isn't really too far-fetched. Because where the researchers are going now, is a realm far more mysterious than space.... And the trip isn't easy. You can't dissect a mind like [sic] you can a heart or a lung.

A filmsegment about some research in which adorable little monkeys are made psychotically depressed by separating them from their mothers. (The researchers are interested in changes in blood chemistry after separation, which in monkeys as in children reliably produces depressed creatures. But one wonders why Prowitt ignores this major, non-genetic cause of depression in humans.) Then a psychiatrist from Iowa makes a difficult distinction between the "disease" of depression and just plain being unhappy. Prowitt concludes:

If there's one real point that's kept coming up during the past hour, it's that depression, in virtually all its forms, can be helped. At long last, the biological and psychological camps of professionals are coming together. Each bringing their [sic] special skills to the problem. And the winners are the public.

It's been estimated that 2% of the population is now under some sort of treatment for mental problems. But another 10% need it and aren't getting it, and 40% more could benefit.... Funds for community and mental health care are tight and liable to get tighter....

Perhaps then, it's also time to bring our expectations closer to the reality of what can be delivered and to be thankful that the really sick people who have gone down into the shadowed valley of depression don't have to live there any more.

Thank you for being with us. This is David Prowitt. Good night.

(Music and credits.)

With the opening acknowledgment to the Bristol-Myers Company, "Depression: The Shadowed Valley" starts like an advertisement for pills, with disclaimers set in the smallest of type. A dismissive wave of the hand at phrenology and psychoanalysis and Prowitt dwells on the merits of drugs. And what lithium can't repair, shock treatment will. Safe, automatic, instant relief. But if shock works and pills work, why go on with the rest of the show, the depressed monkeys and children and the self-immolated woman?

Prowitt forgets to mention that manic-depression, which lithium treatment does appear to help, is a narrowly defined condition. How effective really are other drugs in lifting depression generally, whatever its source? Tuning in again to Dick Cavett's contribution to depression on Feeling Good, the viewer sees Dr. Nathan Kline, a pioneer in drug therapy and one of its best-known proselytizers, strike the balance this way:

CAVETT: Is it your theory that it's more often physical than mental?

KLINE: I think that there's a lot to be said on both sides. It depends on what is the cause of the depression. There are certainly occasions when individuals have inter-personal problems or so-called intrapsychic problems within themselves that are not resolved by medication. And in those cases very definitely either individual psychotherapy or...group therapy are indicated. There are a whole variety of different types of approaches....

In outdoing Kline, Prowitt is taking a controversial, a dangerous position--either without knowing it himself or without telling us.

As lightly as he possibly can, Prowitt passes over the "possible side effects" of lithium, the objections of "a number of doctors" that shock treatment damages the mind. This is

an odd slant to take on issues of such medical and ethical dispute. The number of doctors who worry about shock treatment is hardly so small as Prowitt implies. And over the past five years many states have passed laws protecting hospitalized patients from being shocked without their consent. If shock were so benign and so effective as the viewer is led to think, these laws would be senseless. In the old days, says the doctor advocating shock treatment on "Depression: The Shadowed Valley", one major side-effect of the therapy was "fear of treatment." But this "no longer occurs because we have the anesthetics and sedatives." If those lawmakers had taken some of the good doctor's medicine, maybe they'd have lost their fear of treatment too.

"Fortunately," Prowitt tells us somewhere in the middle of the third program, about anxiety, "both panic and most forms of anxiety are helped by drug treatment." Later, during the "Helpline" segment of the show, two panelists introduce a note of caution about somatic therapies, warning that it may not be wise to tranquilize anxiety away, that it may be a useful sign that something's wrong. Undaunted, Prowitt moves without comment to the next panelist. And soon he unaccountably concludes that anxiety is "a physiological reaction that goes on after its cause is removed." From the beginning moments of The Thin Edge until the final fade, Prowitt and his researchers show an infatuation with physiological explanations, somatic cures, oscilloscopes that tell the doctor when a man is getting undepressed before the patient himself can tell him, complex lie detectors that graph a few of the physical correlates of anxiety as if this were anxiety itself.

But the science on The Thin Edge is often bad science or badly presented. Let's take a close look at the brief filmed

interview about genetic and biological factors in depression. A Dr. Bunney puts the argument this way:

If you have a pair of identical twins and one of them develops a severe depressive illness, the likelihood is about 60 to 80 percent that the other twin will develop the same illness. While if you have non-identical twins, the likelihood is somewhere about 15 percent. So, there is evidence for a genetic factor. If one individual in a family has depressive illness, the likelihood is that someone else in the family will also have it, a much higher incidence than in the normal population.

Now the second possible cause of depression...is what I'm calling a biological one.... [It] could be acquired in utero, ...at birth, ...environmentally, or...genetically. But the evidence for a biological factor is that these illnesses can be reversed with drugs.

Statistical inference from twins is certainly suggestive. But without an understanding of the causal chain between genes and symptoms (a familiar type of data in other areas of medicine), the statistical inference remains only that. And the viewer needs to know how often the depression in identical twins was a side-effect of an inherited organic disturbance; how many of the identical and fraternal twins were reared apart and how many together and for what portion of their lives; how the disease ratings were made and whether the clinicians doing the rating showed the familiar disposition to rate identical twins identically. And the likelihood that if one family member is depressed, another will be, says nothing, of course, about heredity. It can be accounted for just as well by every other school of psychological theory as a consequence of social contact within the family. Finally, there is Dr. Bunney's odd argument that if an illness can be reversed with drugs, it must be biological. Every symptom, every movement of a muscle, for that matter, is caused (or mediated by) a biochemical event--a signal from the brain, the firing of a neuron. Say that a rat learns to run a maze. Then it's given a drug that confounds its memory or blocks the signals from brain to paw, and it can run the

maze no longer. No one would conclude from this that the rat's learning was biological in the same sense that Dr. Bunney claims depression is biological. His reasoning doesn't rule out the idea that depression is learned. And this viewer leaves his TV set as ignorant as he was before he tuned it in, though rather more confused.

A corollary of Prowitt's uncritical, upbeat slant on whatever strikes him as hard science is the lifelessness of practically every psychotherapy film segment in the series. A model of the way The Thin Edge approaches therapy comes in "Guilt: The Psychic Censor."

DR. SOLOMON: Freud, who was pretty wise, a very long, long time ago^[1], pointed out that some people are criminals out of a sense of guilt. What he meant by that is that some people don't feel guilty because they do bad, but rather do bad because they feel guilty.

(Cut to therapy session between Dr. Solomon and a young black repeated offender in the Fresno County jail.)

PRISONER: I mean, I feel bad.

DR. SOLOMON (correcting him): Like you are bad.

PRISONER: Yeah.

DR. SOLOMON: Like you are bad.

PRISONER: Like, uh, I figured, she did it, nobody in the world could love me. My mother, you know.

DR. SOLOMON: If your Mom couldn't love you and tried to get rid of you, how could anyone else love you?

PRISONER: Yes.

DR. SOLOMON: You didn't love yourself very much.

PRISONER: True.

DR. SOLOMON: A bad person does bad things, I guess.

This dialogue smacks of the con game worked by a prisoner on his therapist--the man whose recommendation may mean parole. Repeated offenders may be bad, but they're not always dumb. Often

¹ For Dr. George Solomon, a very long, long time is apparently 59 years ago, when Freud published "Criminals From a Sense of Guilt."

incarcerated under indeterminate sentences, they know that their ticket to the outside is success in rehabilitative psychotherapy. Whatever they may learn about themselves in the process, their objective, as one recent account¹ put it, "was to learn what each therapist wanted to hear, what the therapist's 'trip' was, and to be able to tell about those things, and to do it with the right jargon." The Thin Edge producer has a point to make in a short filmed segment. The doctor has a point to make, either to demonstrate his pet theory (which probably got him on TV) or to help the producer make his point. The result is a bloodless set-up. And here, the patient has a point to make too.

Psychotherapy is by and large a dull business. This viewer, having tried his own hand at producing programs for public television, knows how hard it is to capture a spontaneous meeting of minds in which something electric happens: an insight, a flight of rage, an illuminating recollection, a flash of understanding between people, between a psychiatrist and his patient or among teenagers talking over their problems. But it's not impossible, as anyone who has seen a good film or tape of a therapy session knows. On the filmmaker's part it takes patience, keen attention, and miles of film. Nowhere on The Thin Edge does this happen. Does the WNET science staff believe that anything much happens in the interplay between people? Would they know a true exchange if they stumbled on one?

Apparently not. Halfway into the program about guilt, something does actually happen on our screen, and Prowitt quite ignores it. It is a filmed discussion between a middle-aged husband and wife who live in Queens and consider themselves financial failures. The segment begins with a cameo appearance by Margaret Mead, who speaks briefly on the high value American

¹ Hastings Center Report, Feb. 1975, p. 35.

culture puts on making good and the guilt that ensues when we don't.

PROWITT: For most of us, the dreams of what could have been and what reality shows us has actually happened is [sic] often difficult to face. But we do it. And somehow we live with it....

(Cut to Mr. and Mrs. Goldenberg's living room.)

MR: We don't have lots of money. We represent the lower-middle class of America today. So one could say in terms of what society expects of us that we're not fulfilled, we don't have any money. But we've had...

MRS.: That doesn't bother us.

MR.: We've had a hell...

MRS.: We've had more fun on less money...

MR.: Good times together...

MRS.: I'm sort of proud in a way because we've done much more than most of our friends have who have a great deal more money.

MR. (annoyed): You tell us about all of our friends and how we're the poorest of all the friends we have, and we are really lowest on the totem pole, and I mean really, really low. You turn to me and say, 'why don't we have the monies to be able to do...' I don't know what.

MRS. (angry): That's not true. I've never turned and said 'why don't we have the money.' I have definitely said that we have less money than everyone else, but not to make you feel guilty. I mean, if you feel guilty, that's something that you feel. Now don't put that on me.

More of this bloodcurdling talk between Mr. Goldenberg and his wife follows, in which she defines herself as perfectly happy and him as anguished. They resolve the film segment with rationalizations about the comforts of old age together. When Prowitt passes on without comment to another topic, the viewer yearns for a Haley, an Esterson, or a Laing to help him understand more about this dialogue, expose the undercurrents in their relationship, the bind the wife has put her husband into by laying her guilt and dissatisfaction on him while all the time denying it, the way rationalization protects them from each other--the relational, social character of health and illness. For Prowitt, this is just an example of how people learn

to live with their guilt. His writers didn't understand what the camera captured.

Prowitt's relentless references to "coping skills" imply that illness is bounded by the individual and health is the adjustment of the individual to his society. Yes, there are occasional statements in interviews about undue demands that may be made on us, strains of the "woman's role," propagation of the Protestant ethic through guilt. But the persistent advice is, cope, adjust, learn to deal with your reactions or tranquilize them away. On the show about aggression, a Dr. Byck speaks of ethical objections to defining aggression as a disease and then controlling it with drugs as if it were (the series' lone mention of this position). Unheeding, Prowitt sums up: "We don't currently have the skill, and perhaps never will, to treat aggression with chemicals...." Skill! The man speaks from an ethical vacuum. When the therapist in "Depression: The Shadowed Valley" tells us that America's youth may just be depressed, not bad, he is saying that the problem's in their heads, not in their society. Protest and discontent become a disease, and our gaze is averted from those social circumstances that give rise to reasoned protest, reasonable discontent.

Perhaps the series' most depressing moment is in "Guilt: The Psychic Censor." Prowitt mentions the guilt that afflicts many Americans who are unable or unwilling to care for their aged parents without institutionalizing them. He introduces a "therapy session" between a woman who's just sent her mother to a nursing home and a psychologist on the nursing home payroll.

PROWITT: ...Anita Rosenfeld, with the help of a psychologist from the home, is trying to deal with the guilt she feels over her mother's decision.

MRS.R.: The idea of a home wasn't really very acceptable to me. I'm still not...it's still not that acceptable.

PSYCHOL.: Many people have this feeling. But why did you have yours?

MRS.R.: My mother-in-law was in a home, in a very good home.... While I used to go to visit her, I became quite involved...with the life in the home, and I found very few people happy.

PSYCHOL.: You're aware you feel guilty about the place.

MRS.R.: Oh yes. That's exactly how I feel.

PSYCHOL.: In this whole process, have you become an enemy to mother?

MRS.R.: That's how I feel sometimes.

PSYCHOL.: Gee, that's sad.

Prowitt may not know what's going on, but the viewer does. The job of the unctious psychologist, whether he works for Bernard Bergman or a classier nursing-home operator, is apparently to convince Mrs. Rosenfeld that nothing is wrong. But her guilt is a message for her and for us that something is indeed wrong in the way we treat our old people. Maybe Mrs. Rosenfeld's circumstances in life left her with no alternative. But is it neurotic for her to feel bad at consigning her mother to years of loneliness, boredom, regimentation, possibly abuse? The viewer wonders whether there aren't some things in life to which we should never adjust, "deal with," handle with our "coping skills," our drugs, our scientific understanding of the hormones that make us sick when we meet up with injustice.

As a specimen of TV documentary exposition, The Thin Edge series is an instructive flop. When television was an infant, someone christened it "radio with pictures." In artful documentary work, the medium has since then reached far beyond this. Capturing events and emotions in the interplay of sights and sounds, it can teach us through delight, amuse us, move, edify, instruct. And there have been some wonderful science

shows down through TV history, ranging from the fun and funky Meet Mr. Wizard series with Don Herbert of the early 'fifties to the slick and beautifully animated Bell Telephone programs of the early 'sixties.

But The Thin Edge is radio with pictures. Ever and again the viewer finds himself wondering, why did they put that picture on the screen? On the anxiety show, a psychologist tells us that in 1963 a polling organization found nine out of ten Americans anxious after the assassination of President Kennedy. On the screen the viewer is treated to photos of banner headlines, a grim President Johnson, the funeral cortege, the riderless horse, the catafalque. Next, over seemingly random shots of a hockey game, Chicago Black Hawk goalie Tony Esposito talks of his pre-game jitters. Then Prowitt, always on the lookout for biological explanations, makes a misleading connection between anxiety and the "flight-or-fight" response, which he unaccountably traces to a time in human prehistory when our progenitors were imperilled by sabre-tooth tigers. On the screen, held for a full five or ten seconds, is an artist's black-and-white rendering of a ferocious sabre-tooth tiger. And near the end of the same program, a young woman tells of her family's history of high blood pressure as the camera zooms and pans aimlessly about a still photograph of a turn-of-the-century family--maybe hers, maybe anyone's, pulled from a commercial photo archive.

This viewer can picture the scene at WNET's science department. Some of the filmed interviews have been shot, the script has been written. Prowitt turns to his staff. "And now," he asks anxiously, "what do we do for visuals?" They scan the script for suggestive words--Kennedy assassination, hockey game, tiger, family. Someone goes off to the library to find pictures,

anything to snare the viewer's eye during the dull parts. "Let's get a lie detector right in the studio," another suggests, "and strap Prowitt into it. And you know the doctor from UCLA who thinks automobiles are used as suicide weapons? Let's mount a camera on the fender of his car and actually shoot the interview right through the front windshield, maybe splice in some bloody accident scenes from the film library. How's that for visuals!"

Sometimes this strategy positively misleads the viewer. On "Guilt: The Psychic Censor" Prowitt introduces a long film segment in which a psychiatrist will talk with a group of teenagers.

PROWITT: After you have learned and internalized the messages of guilt passed on to you as a child, the first real test of these rules that are now your own is adolescence--that time when your ability to make independent judgments is beginning to be expected by society.

As Prowitt talks, the viewer is shown some upper-middle-class 16-year-old shopping in Zabar's, the opulent delicatessen on New York's Upper West Side. Prowitt's words prepare us to see a moral test of adolescence. Will one of the kids take a salami down from its hook, or a half-sour pickle from its crock, secrete it under his sarape, and walk out without paying? Nope. Cut to the psychiatrist's livingroom, where the kids are sitting around, engaging in an emotionless rap about things that make them feel guilty, munching their delicatessen. And the viewer knows he's been had--the shopping scene was filler, an irrelevant set-up for the rap session.

Are these teenagers truly plagued with guilt? The viewer is never brought near enough to find out. One girl, a black, tells of her family's disapproval when she went out with Larry, who's white. Cut to shot of indoor swimming pool

containing the girl and Larry. Cut back to the group, where a second teenager talks of feeling guilty when she doesn't spend enough time with her family. Cut to shot of riverview apartment with family sitting around reading together. Cut to shot of family bicycling together somewhere. It must have been expensive to set up the cameras and lights in Zabar's, at the swimming pool, and in the apartment for twenty seconds of film, or to shoot an interview outside-in through a car windshield, all to get the viewer's fickle attention. The money could have been better spent on something real, on showing us how suffering twists one's relations with others, and the ways out of suffering.

But whatever the purpose of The Thin Edge, this isn't it. The series is about our emotions, and the viewer is shown doctors talking about emotions, machines that measure some of the physical correlates of emotions, even some people recalling some emotions they've felt--but rarely an emotion on the screen. The Thin Edge hides the suffering, trivializes mental torment. Where anguish is the topic, Prowitt's style suggests the hip organization man talking of "the bottom line on anxiety" and "the bottom line on aggression," of "inputs" and "conditioning, as we say scientifically." Always our gaze is diverted from inner experience to the outer surface of things. "Unconscious guilt. It's a frightening term," Prowitt says during a transitional moment on one program. He never does master the idea of the unconscious, equating guilt with guilty feelings and anxiety with the tangible symptoms of panic. "While panic is not strictly speaking anxiety, the two often go hand-in-hand," Prowitt tells us, routinely glossing over the disjunctions in his narrative. Where controversy intrudes, Prowitt's is the suave charm of a prime-time game show host. During one "Helpline" hour Prowitt clashes with a woman panelist about the value of the Lamaz Method,

which she says helped her overcome anxiety during a recent childbirth. Prowitt quenches the dispute with this non-sequitur.

PROWITT: You have a 17-day year-old baby?

WOMAN: I certainly do.

PROWITT: Congratulations.

WOMAN: Thank you.

PROWITT: That's marvelous. Was it a boy or a girl?

WOMAN: Boy.

PROWITT: A boy!

WOMAN (proudly): A second son.

PROWITT: A second son! You have two now. That's terrific. Delighted.

On to the next panelist. In the background is the bedlam of thirty telephones buzzing with viewers' calls about where they can get help for their nervous breakdowns, panic attacks, LSD bummers, heroin addiction.

"It's a disease like any other disease" is the series' presiding fiction, meaning that diseases are involuntary, aberrant, nameable, located in the individual, and susceptible to cure by experts, and by them alone. (Someone on a "Helpline" panel actually warns the viewer not to try Transcendental Meditation --some doctors use it to alleviate hypertension--without the supervision of a doctor.) The Therapeutic Society has arrived, and by Prowitt's count 40% of us should be seeing psychiatrists. The viewer is teetering perilously on some Thin Edge, as if health had become an uncommon condition, abnormal in the statistical sense. But Prowitt's theme is upbeat optimism, the pretense that our really meager knowledge of the mind is quite adequate to set things right. Thin Edge psychiatrists are young, groovy American shrinks for whom gloomy old Freud lived a very long, long time ago. And the sermonettes and pep-talks Prowitt dispenses in their name make the viewer anxious

by their empty confidence. On aggression:

Each of us have [sic] our own set of safety valves... after all, it is just as easy to explode into productive activity as it is into anger, and you feel better afterwards.

On guilt:

The problem of fitting in the morality of the old with the expectations of the new is a tough one, a problem with no right or wrong answers except those that you decide for yourself. What you think is right, is right. What you think is wrong, is wrong--for you.

On anxiety:

For the most part we can handle it with the coping skills we've learned since we were children. When we can't, there are psychotherapies and drugs that can help us. And there's no shame in seeking that help...any more than seeing a medical doctor if you have the measles. They're both common, both uncomfortable, and potentially dangerous, and both treatable.

Channel 13 announced that on one evening alone, 150,000 viewer telephone calls were handled by the "Helpline" mental health workers. This viewer wishes he knew more about those 150,000 phone calls, wishes he had made a few himself to see what happened. (The number itself sounds fishy. It would take 30 mental health workers 166 hours each to handle that many calls at two minutes a call. And given the 5 rating The Thin Edge earned in the Nielson Overnights, almost everyone tuned in would have had to have called in.) This viewer would like to think that Channel 13's "Helpline" hours made a contribution to the mental health of metropolitan New York. At the same time, with all Prowitt's talk of meager mental health budgets and the vast number of Americans who need treatment, and his assiduous avoidance of controversy, you can't help see "Helpline" in another way too--as a net, a

profitable catchment service for the community mental health business. For some viewers, The Thin Edge may even be dangerous to their health. For in ten hours of watching the series, this viewer detected not the barest hint of the legal fix a fellow can get himself into when he voluntarily enters the mental health system and they decide he must stay for a while.

Jeff Steingarten

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