What has psychiatry to contribute to industry?

By Desmond Curran, St George’s Hospital Medical School. From a paper read at the London Group of the Association on 20th November 1952 (Trans Assoc Ind Med Officers 1953;3:219–225)

If I may venture to say so, industrial medical officers have special reason to be indulgent to a psychiatrist. I am sure you will agree that psychiatry is quite the most suspect branch of medicine, but is industrial medicine so far behind it? I harbour the hope, therefore, that the fellow feeling of being suspects will make you kind. I am sure you will agree that by far the greater part of psychiatric work impinging on your field must be tackled by general practitioners and by specialists like yourselves who are not primarily psychiatrists. This must be so since the high incidence of minor psychiatric problems would make their reference to psychiatrists quite impracticable even if it were desirable. And it is not desirable for not only can the average minor psychiatric case be tackled perfectly well by those who are not psychiatrists but I believe it should be so tackled since reference to a psychiatrist can be very shaking to morale.

The first topic I want to raise is that of incidence. The most thorough study I know of in this country is that of Russell Fraser and his co-workers carried out in the light engineering industry for the Industrial Health Research Board. You will recall that they found that in the course of six months 10% of the workers suffered from a definite disabling neurosis and a further 20% from minor forms of neurosis; and that these illnesses were distributed fairly evenly throughout all grades and skills and were not confined to the least valuable and lowest paid workers. Further, neurotic illness caused between one-quarter and one-third of all absences from work due to illness and was responsible for the loss of approximately 1% of the men’s possible working hours and 2.5% of the women’s. These figures have always struck me as being astonishingly large. These figures have also been much used for propaganda on the importance of psychiatry, and I have used them for this purpose myself.

The next question I should like to ask concerns what might be called neurotic prolongation of physical illness as a cause of sickness in industry. I have always assumed that when a man reports sick and how long he remains sick bears a high correlation with his attitude towards responsibility to work and to health and often enough a relatively poor correlation with his physical complaint considered objectively. Do not, for example, many men with serious physical disabilities and definite pathological lesions remain at work, and are there not a goodish number, like a civil servant I know, who frequently retire to bed occupied with what they call fighting off a cold? But do not doctors bear a major responsibility in prolonging disability? It has been put to me, and I should say correctly, that what often happens is something as follows. A man, let us say, has ’flu and a week later goes to his doctor, who asks him how he feels. He replies he does not feel 100%. The doctor then asks him whether he feels fit for work, and he replies not really fit. The doctor then says why not stay away for another week, or perhaps the man suggests this himself. And then the man does stay away genuinely under the impression that he is acting on medical advice when in fact he, rather than the doctor, had taken the decision. Do you find that sickness absence from physical illness or the time off work resulting from this arises in this way, namely, as the result really of medical compliance with the patient’s own wishes rather than as the result of a considered medical opinion?

You may ask what has all this got to do with psychiatry, I think it has in this way, namely, that when a man claims to be unfit for work beyond the time that normally would be expected, it is important to look for symptoms of a more definite psychiatric syndrome such as depression and to know what symptoms to look for. I have found the most common mistake is the missing of the milder depressions, and I have been astonished at the number of patients of this type sent up with a psychogenic label and with a request for psychotherapy on the grounds that the doctor has neither the time nor the experience to get to the bottom of it himself.

Should we not advise medical students to be very chary in making specific recommendations as regards modifications of work or light duty, and would not the average general practitioner be better advised to report his findings to you and leave it to you as to the nature of modified employment that was feasible in the circumstances? Whether one judges a man to be sick or not must naturally depend upon one’s criterion of illness. Would you agree with me that the concept of what constitutes illness has of late been too widely extended to include all types of maladjustment, unhappiness and inefficiency, mild as well as severe? I think this danger has been fostered by fatuous definitions of health of which that given by the World Health Organisation seems to me a prize example. In the constitution of that body health is defined ‘as a state of complete physical, mental and social
well-being and not merely the absence of disease and infirmity'. Since, however, nobody in this world is in a state of complete physical, mental and social well-being everybody according to this definition, must be sick; and as we all know, in the mind of the man in the street, illness is equated with irresponsibility or at least diminished responsibility. Do you often hit the problem as I do of people assuming too readily that if they are unhappy they must be ill, or of executive authorities trying to pass the buck to the doctor in the case of simple, straightforward inefficiency? As regards the former, would you think I am correct in teaching medical students that the basic principle of mental hygiene is, or should be, that this world is a vale of tears and that a considerable degree of discomfort or unhappiness is normal enough, and throughout the ages has been the lot of mankind! And as regards the latter, the executive buck-passing problem, am I right to teach medical students that many individuals present social rather than medical problems as in the case of the work-shy and that we can and should say after careful investigation in appropriate cases, that we can find no evidence of disease or any reason why a man should be discharged on medical grounds even if he is inefficient or any medical reason why he should not work as the case may be?

I have just been reading with great interest a paper by two American workers which seems to me to emphasize once more the immense value of a probationary period and also the folly of trying to separate off psychiatry and psychiatric problems from general medical problems. These workers found, like previous investigators that a minority of individuals accounted for the majority of sickness absences and in their own investigations two-thirds of the absences are contributed by one-third of the individuals. Moreover, the same employees contributed a disproportionate amount of absence throughout their entire period of service and there was a high correlation between the absences in the first year of service and the total absence throughout subsequent years of service.

Employees fell roughly into two groups—the fit group and the sick group. The sick group were difficult, unhappy people, difficult to get along with and difficult to supervise; whereas the fit group were happy people, easy to get along with and easy to supervise. What did rather surprise me, however, was that the sick group was by no means confined to neurotics or to those who showed various psycho-somatic disturbances but also contained a large number of major illnesses affecting all bodily systems. To quote the authors:

They had had frequent and prolonged minor disturbances of feeling-state, thought and behaviour, and a large number of major disturbances of this nature. They had had frequent minor injuries and a large number of major injuries causing lost time from work. They had had a large number of surgical operations both major and minor. The women with a low absence rate, on the other hand, had had relatively few and scattered illnesses in all bodily systems, and very few major bodily illnesses. They had had few and minor disturbances of feeling-state, thought and behaviour and no major disturbances of this nature. They had had relatively few minor injuries leading to little lost time and few major injuries. They had had few surgical operations.

One is not surprised that the sick group should be unhappy, tense, anxious people liable to neuro-dermatitis and dysmenorrhoea, but I must confess I was surprised to find them liable to pneumonia, pleurisy with effusion, cholecystitis, pyelitis and otitis media and that people affected in these physical ways apparently found as much difficulty as did the neurotics in making a good adaptation to life. When deciding whether or not to employ somebody, to have a history of being off-work, no matter what the cause, should apparently make one pause.

In summary, therefore, as you will have gathered. I doubt whether psychiatrists can contribute much to industry directly except in helping to assess the very small group of cases that might reasonably be referred to them. I think it important that psychiatrists should not over-call their patients in nice comfortable jobs, regardless of their patients in teaching hospitals and their psychiatrists. Naturally the executive buck-passing problem, particularly in a large industry like ours where a lot of the work is dangerous. The other thing I would say is that we have fairly close contact with many of the teaching hospitals and their psychiatrists. Naturally the psychiatrists are trying to get their patients back to work, which is important. They do however, sometimes adopt the idea that they are God and they must have their patients in nice comfortable jobs, regardless of other normal people; that is wrong.
DR. F. G. HOLMAN (NORTH THAMES GAS BOARD): The length of absence largely depends upon whether or not there is a sick pay scheme in vogue and what its terms are. In the gas industry an employee qualifies after a year’s service for benefit which is full pay less National Health Service benefit for thirteen weeks in any year. I feel this is an extremely bad scheme and there are some individuals who tend to stay away an unnecessarily long time, as they consider they are entitled to thirteen weeks’ sick leave per year.

A great many absences of psychological classification are the direct result of accidents at work, and since the introduction of the Industrial Injuries Act, shop stewards are always on the look-out for breach of statutory regulations, negligence or an unsafe method of working. A man may have a fairly trivial accident, but if the shop steward says ‘You have a case here’, there is a great temptation for the man to make the most of it. In many cases there probably is an unsound method of working but even so it is not always practicable to change the method.

DR. E. T. GILBERT (GENERAL PRACTITIONER): I thought Dr. Curran spoke very well indeed but I must question certain of his assumptions. I feel that he might benefit by sitting with me through a four-hour surgery one day and see what I see and with what I have to contend. If I were teaching medical students, I would impress on them that they must believe what the patient tells them, otherwise there is little reason for taking a history or the practice of medicine. If a patient comes to me having had ’flu and says he does not feel well I believe him even in the absence of physical signs; I don’t believe him for more than a few days. I do not send him back to work if he does not feel well enough. If he is all right, he goes back.

There is one other problem—the recommendation by general practitioners for modified work. The doctor, including the G.P., as a result of training and experience, should be in a position to make such recommendations. For instance, if a man is recovering from a rupture operation it is fair advice that he should not lift weights. We in general practice have a fair conception of what varying jobs are being done, excepting certain highly specialized occupations, and when they present particular hazards. If we don’t know, we can easily be told by the patient; for example, when the patient tells us ‘I load lorries’, we know he lifts something and puts it on a lorry. On the whole, I feel that we are entitled to make certain recommendations.

DR. D. CURRAN: Mr. Chairman, I must first thank you all very much for your great kindness to me in lack of criticism, which I am sorry for, because I had hoped to get some. I do not think that psychiatrists expect to solve all problems. I would stress the importance of differentiation which one met so constantly in the War—the difference between complaint and performance. The patients who make the maximum complaints are capable of a great deal. A great many patients, given the incentive are able to do far more than they believe, and one should not take a patient’s complaint as being a good criterion necessarily of his performance.

DR. J. J. O’DWYER (UNILEVER LTD.): It would seem that the incidence of psycho-neurotic illness is as great or greater than it was pictured by Russell Fraser. It is only fair to say that it was after 22 years in a Service setting that I entered industry. I was shocked at first by the number of psychosomatic cases that came before my colleagues but after some time I realized that they were seeing a small fraction of what was a normal population. We require, and we require it just as much now as we did ten years ago, more and more education in the elementary application of psychiatry.

DR. L. G. NORMAN (LONDON TRANSPORT EXECUTIVE): Thanks to the organizers of this excellent function, I am now in a state of complete physical, mental and social well-being. You may think it strange to drink the health of a doctor, but believe me, doctors nowadays need all the health you can drink into them.