

## INTRODUCTION

This book is not a textbook of psychiatry in the usual sense that a textbook generally contains the knowledge base of the subject in question. Instead it is a book *about* psychiatry, the profession and its practitioners, in the context of the history and culture of mental illness and mental health care. I hope that it will complement general textbooks of psychiatry and be of interest to psychiatrists in training, as well as to those considering psychiatry as a profession and other readers, including allied professionals, who simply want to understand what psychiatry *is*. Confusion often arises because ‘psychiatry’ may be used interchangeably with ‘mental health care’ and this book is concerned with the specific nature of the former as practised by psychiatrists rather than a broader examination of the provision of mental health care.

Johann Christian Reil (1759–1813), Professor of Medicine at Halle in Germany invented the term *psychiatry* at the turn of the nineteenth century. However, it was not until the early twentieth century that this began to be widely applied in English to a medical speciality. That psychiatry is indeed a speciality of medicine, a branch of medicine with its own training structure, sets it apart from the other mental health sciences and professions. But of all the branches of medicine, psychiatry sometimes seems to have the least connection with the school examinations in chemistry and biology that those who choose a medical career must take, and more in common with the social sciences.

In the past hundred years, people have turned increasingly to doctors when they have emotional problems. Psychiatrists have become the latest in a long line of people to manage the ‘mad’, following on from the magical healers and priests. But is there reason to think that psychiatrists deal better with such problems than anyone else? Today the person with religious delusions in the psychiatric unit can still see the priest and discuss his supposed sins, but the priest will probably suggest that he takes his medication too. However, the extent to which each psychiatrist will also explore the meaning of a particular symptom and how it might have arisen in that particular patient at that time in his or her life will vary considerably, depending on the weight he or she places on biology,

psychodynamics and the social environment as aetiological and therapeutic factors in mental illness. The tensions between these three domains have been present to some degree throughout the history of psychiatry and form a central strand running throughout the chapters of this book, beginning in Chapter 1, which introduces psychiatry in its historical context.

Within psychiatry there has been confusion and even violent disagreement about what constitutes mental illness, what is required for a particular diagnosis and how different problems should be most effectively treated. Thomas Szasz, Professor of Psychiatry at Syracuse University, not only famously denied that there was any such thing as mental illness but further stated that:

Psychiatry is conventionally defined as a medical specialty concerned with the diagnosis and treatment of mental diseases. I submit that this definition, which is still widely accepted, places psychiatry in the company of alchemy and astrology and commits it to the category of pseudoscience. (1974: 1–2)

Chapter 2 attempts to explore the culture of current psychiatric practice, how it is taught and what a psychiatrist actually does in his or her everyday work, in the context of the biological revolution that is now occurring in our understanding of mental illness.

To practise psychiatry, you have to be a doctor. Yet, unlike other medical specialities, psychiatry also has opponents within the profession who call themselves ‘anti-psychiatrists’, and even has practitioners who call themselves ‘post-psychiatrists’. The question that many both outside and inside the profession are now asking is ‘Is psychiatry trying to be too scientific?’ Even Nancy Andreasen (2001), one of the leading proponents of biological psychiatry, thinks that the pendulum has shifted too far towards the biological. But she does not necessarily blame the new technology that has allowed us to visualize the brain and begin to understand the biological basis of mental illness. Instead, she cites the economic changes in the health-care system which make it too expensive for psychiatrists to spend their time doing psychotherapy, and excessive ‘DSMism’— by which she means the all-pervading influence, on the way in which psychiatrists worldwide practise, of the *Diagnostic and Statistical Manual* of the American Psychiatric Association. Chapter 3 explores how the professional work of psychiatry is currently experienced, by psychiatrists in practice, our fellow mental health professionals and our patients.

From an entirely different viewpoint, Arthur Kleinman (1991), anthropologist and psychiatrist, criticizes psychiatry today for showing

even less interest in cultural themes with the rise in biological influence. He points out that psychiatry as a discipline has its roots firmly in western culture. Most of its key figures have been European or North American. He asks us to question whether psychiatry can be considered to be a 'science' if its knowledge base is limited to research from middle-class whites in North America, the United Kingdom and western Europe. But although the influence of psychiatry extends well beyond middle-class western culture, there is no doubt that psychiatry developed in a particular time and period in *western* society. And psychiatry, more than any other branch of medicine, has to be understood in a broad socio-political context, which must take into account ethnicity, culture and politics both inside and outside the sphere of health care. In Chapter 4, I explore the political, social and cultural pressures on a profession which has constantly sought to define and redefine its scope and the limits of its expertise.

I have little doubt that many of my fellow psychiatrists will disagree with what I have written about the profession in this book. I finally decided to study psychiatry after reading Anthony Clare's masterpiece, *Psychiatry in Dissent* (1980), and I have never regretted my decision. What makes my profession so fascinating is its complexity, which provides opportunity and room for both creativity and dissenting opinions, and I hope that my enthusiasm for my chosen career shines through. I have tried to be even-handed but honest in my discussion of different points of view, however I have no doubt that my particular prejudices will be readily apparent to the reader. My own experience of growing up in a family with a sibling who has mental illness, and my own treatment for episodes of depression during my adult life, have undoubtedly influenced my view of the world of mental health and illness. My own personal view of the future of psychiatry, with reference to the literature on this topic, can be found in Chapter 5.

Further information on psychiatry as a career can be found in Appendix 1 and terms in bold print in the main text are defined in Appendix 2.

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