Psychiatry: State of the Art

dilip joshi

Psychiatry, over the years, has been thoroughly medicalised—it views mental illness as a purely biological problem. The author presents a critique of the prevailing worldview of psychiatry and its practice. He argues in favour of a discounted alliance between psychiatry and medicine so that a more human psychiatry may be evolved.

MENTAL illness seems to be the major problem of our time. In the United States doctors write 200 million prescriptions each year for psychoactive drugs. Half to one million people are treated for 'schizophrenia'. In Britain, on the other hand, 25 per cent of all hospital beds are occupied by the mentally ill. One in nine men and one in six women can be expected to enter a mental institution in their lifetime (Ingleby 1980).

Psychotherapy—Current Perspectives, a book written by a group of psychotherapists, reveals an astounding scenario. The child consults a school-counsellor, mother of the child attends consciousness-raising groups for women, father attends 'T' sessions at factory and the grand-parents participate in a workshop conducted by a professional on 'pains of ageing'. Psychiatry today permeates and encompasses all significant events in human life. (Cottle and Whitten, 1980). On the other hand within psychiatry there is no consensus about:

(a) What are mental illnesses? (b) Who should treat them? (c) What are the means (how to?) and what are the ends? (What is cure?)

We have a vast amount of literature on mental illness compared to our inadequate understanding about it. Is there something fundamentally wrong? This article takes up these issues and examines them critically.

Mental Illness Not a Disease of the Body (Brain)

One is often told during training that 'schizophrenia' is a disease of body (brain) like diabetes, hypertension (high blood pressure). One is also told that we are ignorant about the cause of 'schizophrenia' but is it also not true of a bodily disease like cancer? 'Schizophrenia' is presented as a disease of body (brain) with a fixed cause which is being found out. One is reassured, that with the advance in medical technology, psychiatry will be able to solve the riddle of 'schizophrenia'.

The present day trend in psychiatry is towards explaining mental illnesses as disorders of brain chemistry. It is speculated that tomorrow we will possess such powerful drugs to cure mental illnesses that psychiatry will not exist as a separate discipline but will be incorporated in clinical medicine and even general practitioners will be able to tackle these problems.

But let us look for evidence. Seymour S. Kety has done the most extensive work on 'Bio-chemistry of Schizophrenia'. He says that his work is inconclusive about 'schizophrenia' being a bodily illness (Avieti).

One does not deny that physical illnesses and drug-induced states produce a picture resembling mental illness. But Seiger, Osmond and Mann (1969) disagree about closeness of drug induced states with real illness. Dr. Joseph Berke argues that in 'schizophrenia' hallucinations are mainly auditory. While under the influence of psychedelic drugs people rarely have hallucinations of any kind. Most of the experiences of false perceptions (illusions) are visual in nature (Berke).

One of the main theories about 'schizophrenia' is the dopamine theory. It states that the specific behavioural symptoms are produced by excess of dopamine in the brain (Kaplan and Saddock, 1980). If one finds that an abnormal behaviour (inability to work consistently, inability to relate to people, etc.) or an abnormal experience (inability to experience pleasure, feeling that whole world is against you, etc.) is accompanied by a change in body chemistry (excess of dopamine in brain) one cannot conclude that excess of dopamine is the cause of this behaviour or experience because:

(a) One considers excess of dopamine as abnormal only because one took the behaviour or experience as abnormal in the first place.

(b) One is correlating an entity in the natural domain (excess of dopamine) with a phenomenon in experimental domain which one cannot correlate scientifically.

(c) The excess of dopamine can be subsequent to the experience.

Let us further clarify the difference between a physical illness and a mental illness by taking the example of hypertension and 'schizophrenia'.

When as a doctor I find that the blood pressure of the person sitting next to me is more than 120 over 80 millimeters of mercury, I tell him that he is suffering from hypertension. Whatever my values, my beliefs they do not influence what I see or observe, hypertension remaining a similar entity all over the world.

On the other hand when a psychiatrist makes a diagnosis of 'schizophrenia' he is judging the behaviour or experience of the person sitting next to him according to certain prevalent (cultural) beliefs about human nature and what he sees is influenced by what he believes.

The findings of United States-United Kingdom Joint Schizophrenia project reveal that American psychiatrists tend to diagnose 'schizophrenia' much more frequently than their British counterparts. For a similar case an American psychiatrist will diagnose the person as 'schizophrenic' while the Britisher would not. (ibid).

Objectivity of Diagnosis in Psychiatry

"The diagnosis of schizophrenia should rest on whether a normal person understands the person concerned's behaviour"—Manfred Bleuler, a leading psychiatrist (Laing, 1982).

So how are psychiatrists different from lay people? A lay-person also understands that a person is behaving in an unorthodox way, the psychiatrists call it 'schizophrenia'. But what have they gained in the process? Has calling the person 'schizophrenic' rendered his situation, his response, more intelligible? No. One feels that the exercise of diagnosis is for screening normal, good, conforming behaviour or experience from an abnormal, bad, nonconforming one; rather than to really understand the *genesis* of that behaviour or experience. This distinction is made by the psychiatrist on the basis of certain prevalent beliefs about human nature and hence in the psychiatric interview a fact never remains a fact, it already becomes an interpretation, a value judgement (Goldmann).

A-priori Assumptions About Human Nature in Psychiatry

These assumptions are based on an image of the human being as a sociable, non-violent, hardworking, rationally profit making organism. These assumptions are revealed when one sits in the psychiatry out-patient department and makes a list of most

frequently asked questions. These questions are:
(a) whether the person works regularly? (b) whether he/she mixes with others? (c) if in business, is there adequate profit making? (d) whether he/she is violent towards self or others? (Thines)

This human nature is supposed to be all pervasive and universal, according to the psychiatrist. But let us look around, let us go into the past to find out whether this is true.

Can one say that human nature is essentially peace loving, non-violent when one looks back at Nazi concentration camps, the bombing of Hiroshima and Nagasaki? Where is the sociable human nature when two communities exist side by side in the world with evergrowing paranoia about each other?

Can one find a hardworking human being amongst those few who rule the world today and enjoy at the cost of toiling masses? Isn't the wealth of many European countries smeared with sweat and blood of the colonised people?

Man is yet to be born. On the totality of images that we create by our praxis in the world depends the future image of man. As of today, this is a period of inhuman exploitation of men and women and a narrative of violence to maintain and perpetuate that oppression. It is surprising then that those who are most frequently diagnosed as mentally ill belong to the category of defenceless (poor, children, women, aged) or those whom the middle-class, superior caste/race psychiatrist cannot understand—the ethnic minorities, people who live on fringes of cities. Half a million children in the United States receive treatment with powerful psychoactive drugs for being 'hyperkinetic' (Ingleby, 1980). The incidence of 'schizophrenia' is more in the lower socio-economic strata (Lidz).

Practice of Psychiatry

"Cure is accomplished when the former person becomes an obedient robot moving around either in the chronic backwards of mental institution or without any human sense in the outside society ..." (Cooper, 1974).

Antonin Artaud, a great poet, wrote with anguish after being given electroshocks in a hospital at Rodez "I died at Rodez under electroshocks. I say dead, legally and medically dead" (Greene).

Ernst Hemingway describing his experience of shocks to his friend said, "it was a brilliant cure, but we lost the patient. It killed both my soul as well as my mind." He committed suicide a few months later (Madness Network News, Fall 1984). A violonist who was given shocks for depression in a Glasgow hospital, could not later on give her performance as she lost her violin repertoire (Laing, 1976). Most of the groups working for a ban on electroshocks in different countries of the world claim that not only do shocks cause memory loss, disorientation wild excitement or terror, but shocks can also kill. Shock is not only a procedure wherein electric current is passed through the brain of a person but also the dehumanising ritual of being forcibly held by people, being forced to lie down, etc. which a person has to go through. Why are people not told about the aftereffects of shocks? Why are they not told about the procedure? I am sure if the procedure is described to the person, he will never like to undergo such a dehumanizing experience. Shocks are either mystified—'Its only an injection', 'You will be cured', or they are offered as an alternative to long term hospitalisation. In a similar situation a group of prisoners agreed to participate in an experiment which they knew would damage their health, so as to get their prison stay reduced.

Dr Caligari's *Psychiatric Drugs*, a book published from Berkeley, informs us that psychiatric pills neither tranquillise nor elevate our mood, they actually deaden our feelings and our bodies. Drugs like thovagine, steliazine, nlehavil, haldot (all anti-

Towards a Human Psychiatry

Present day psychiatry considers the person as a passive object, who reacts in a determinate way to his situation. It shows complete disregard for human subjectivity. Between our interiorisation of exteriority (family, class experience) and our reexteriorisation of this interiority, i.e. in the passage from exteriority to exteriority (objective to objective) there is a moment of human subjectivity. We do not necessarily reproduce in the same exact fashion the exteriority which we interiorise. In other words we can always make something of what is made of us. This is the realm of human freedom. This is ignored in the constitution of the person as passive object.

Economic and Political Weekly

A journal of current affairs, economics and other social sciences

Every week it brings you incisive and independent comments and reports on current problems plus a number of well-researched, scholarly articles on all aspects of social science including health and medicine, environment, science and technology, etc. Some recent articles:

Mortality Toll of Cities—Emerging Pattern of Disease in Bombay: Radhika Ramsubban and Nigel Crook
Famine, Epidemics and Mortality in India—A Reappraisal of the Demographic Crisis of 1876-78: Ronald Lardinois
Malnutrition of Rural Children and Sex Bias: Amartya Sen and Sunil Sengupta
Family Planning and the Emergency—An Unanticipated Consequence: Alaka M Basu
Ecological Crisis and Ecological Movements: A Bourgeois Deviation?: Ramachandra Guha
Environmental Conflict and Public Interest Science: Vandana Shiva and J Bandhyopadhyay
Geography of Secular Change in Sex Ratio in 1981: Ilina Sen
Occupational Health Hazards at Indian Rare Earths Plant: T V Padmanabhan

Inland Subscription Rates

Institutions/Companies One year Rs 250, Two years Rs 475, Three years Rs 700
Individuals Only One year Rs 200, Two years Rs 375, Three years Rs 550
Concessional Rates (One year): Students Rs 100; Teachers and Researchers Rs 150
(Please enclose certificate from relevant academic institution)
[All remittances to **Economic and Political Weekly**. Payment by bank draft or money order preferred. Please add Rs 14 to outstation cheques for collection charges]
A cyclostyled list of selected articles in EPW on health and related subjects is available on request.

psychotics), tofanil, elavil (antidepressants) have a damaging effect on the brain.

Tandive dyskinesia is a syndrome charecterised by involuntary movements of tongue, face, neck, developing after long term antipsychotic medication. It is difficult to cure. The addiction potential of diazepam (valium, calmpose) is also mentioned in the book. A separate chapter instructs the readers on how to safely and gradually withdraw from psychiatric pills. But people coming to psychiatry departments are hardly told about the after effects of pills. Why?

Critique of Medicalised Psychiatry

In his postscript to 'Discussion of Lay Analysis' Sigmund Freud emphasised that psychoanalysis is not a branch of medicine but comes under the head of psychology and the training for psychoanalysis differs from that imparted to physicians. More important than whether the trainee is a medical graduate or not, is the specialised training for psychoanalysis. He also stressed that the trainee will have not only to study psychology but also sociology, history of civilisation, Darwin's theory of evolution, etc. But has psychiatry paid any heed to Freud's advice? No. Even to pay heed to it, it will have to read, remember his work and not repress it.

Today the alliance between psychiatry and medicine is complete with incorporation of psychiatry into general hospitals. Those who train in psychiatry are medical graduates who take up psychiatry as a postgraduate discipline, while in his days Freud defended 'lay analysis' (McGuire).

The present day psychiatry is medicalised psychiatry with its belief that mental illnesses are due to disorders of brain chemistry, with its emphasis on diagnosis and classification (labelling) and its promise of instant cures with pills and shocks.

By proclaiming that mental illness is a physical illness, it situates the problem inter-individually, allowing family and society to wash its hands of the person and hence it remains essentially status-quoist. By giving more emphasis on diagnosis and classification than understanding, intelligibility, which requires empathy, it is basically screening people who cannot fulfil the expectations the society has of them, on behalf of the ruling class.

By its reliance on pills and shocks it ends up by medicalising human problems and hence psychiatric therapy has on the contrary damaging effects.

For lay people psychiatrists wearing white coats, dispensing medicines appear scientific, objective. But if there is no consensus on fundamental issues in psychiatry, if there is more emphasis on labelling than understanding, and if the therapy is arbitrary and damaging, any amount of scientificity that psychiatry will try to bring in from outside, from its white coats, its pills, its sophisticated research on the body of 'schizophrenics', its alliance with medicine, will be futile.

On the other hand the present day psychiatry believes that the psychiatrist is a passive observer. He does not influence the situation, he does not see what he wants to see. By constituting the person as an object, an ensemble of physico-chemical entities, which is only worth effort of labelling and classifying, the psychiatrist remains totally external to the lived experience of mental illness.

Mental illness is nothing but a response of the person to his situation. We will be able to comprehend it only when we grasp the situation to which it is the response. It is also essential to understand the lived experience of mental illness with the help of mediations like family and class.

Instead of being a discipline which of necessity must give respect to the dignity and freedom of the individual, present day psychiatry is repressive. It should be our common endeavour to reinstate this respect for human dignity and freedom in psychiatry so that it will really be a human psychiatry.

References

Avieti, Silvano, Understanding and Helping the Schizophrenic in *American Handbook of Psychiatry.*

Berke, Joseph, Interview in *R D Laing and Anti-Psychiatry* by Robert Bayers et al., Philadelphia Foundation.

Cooper, David, *The Grammar of Living,* 1974.

Cottle, Thomas and Philip Whitten, *Psychotherapy—Current Perspectives,* 1980.

Goldmann, Lucien, *Human Science and Philosophy.*

Greene, Naomi, *Antonin Artaud—Poet Without Words.*

Ingleby, David (ed), *Critical Psychiatry—The Politics of Mental Health,* 1980.

Kaplan, H. and B Saddock, *Comprehensive Textbook of Psychiatry,* 1980.

Laing, R. D. *Facts of Life,* 1976.

Laing, R. D. *Voices of Experience,* 1982.

Lidz, Theodor, Interview in *R D Laing and Anti-Psychiatry,* op cit.

McGuire, Williams (ed), *Freud and Jung Letters.*

Seiger, M. H. Osmond and H. Mann, Laing's Model of Madness in *British Journal of Psychiatry,* 115:525, 1969.

Thines G., *Phenomenology and Science of Behaviour.*

Dilip Joshi
through SHR

Socialist Health Review

will now be

RADICAL JOURNAL OF HEALTH

We regret to announce that despite all our efforts we have not been able to register the publication under the name Socialist Health Review. We have been allowed the use of **RADICAL JOURNAL OF HEALTH**, which incidentally was our last choice! The issue of June 1986, Vol III number 1 of SHR will appear as **RADICAL JOURNAL OF HEALTH**. Please note that the objectives and purpose of the journal and therefore the choice of content, will remain the same.