

THE NEWER PSYCHIATRY
Its Field -- Training for It
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The modern practicing psychiatrist is called on to be one of the most highly educated and broadly cultivated of all professional people. The field of psychiatry has extended beyond all anticipations of a generation ago -- growing from the art of recognizing and treating a dozen or more mental diseases and some psychopathic conditions to its present immensely important and wide outlook upon the causes and possible modifications of human reactive trends as found in mental life and conduct in many manifestations and in many individuals not mentally diseased. A vast new world has been opened to the psychiatrist and, indeed very largely by him.

Consider, in illustration, some of the problems which in clinics and in private practice crowd upon the modern psychiatrist and demand solution, for somehow he is supposed to qualify as being able partly or entirely to solve them. There are peculiar mental attitudes and behavior manifestations found in family situations, often unfortunate and abnormal even among well meaning and intellectual people; there is a host of school problems being presented, relating both to conduct and to educational progress; there is the work for juvenile courts and for parents who come with delinquents, asking for psychiatric clues to the causes and treatment of conduct disorder; there are the social agencies, particularly those dealing with children, more and more asking psychiatry to step in and help develop a plan of life adjustment, or actually to undertake psychotherapeutic treatment in difficult cases. And less well developed conceptions of the service that psychiatry should render, come, often with specific demand, in connection with industrial relationships, studies of divorce and other social irregularities, teaching the principles of mental hygiene, of good parental relationships and what not.

The tendency of the times is very strongly toward discovering a vast deal of imperfect adjustment among human beings that, if the ordinarily intelligent person of today rightly understands what psychiatry is, very properly indeed belongs to the field of psychiatry for better understandings and treatments and adjustments.

To unearth etiology and adequately guide therapy, a wide range of knowledge is requisite -- much in art, history, anthropology, the psychology of religion, of adolescence, of family and sex life has to be drawn on. Indeed, concerning these last matters the psychiatrist is called on to have a more profound knowledge than anyone else. Acquaintance with the principles and practice of up-to-date educational, social, recreational, industrial psychology are necessary parts of the psychiatrist's equipment. To be informed concerning the régime and curricula of different school systems, methods of disciplinary control in and out of institutions, devices for combating undesirable habits, is indispensable for intelligent prescription of treatment.

The proper study of the case itself nowadays means a considerable usage of modern psychological science, particularly of mental testings, and at least some pursuit of the analytic method, as well as study of the ordinary symptoms and signs of mental disease.

Already the wider ideas concerning psychiatric practice, quite apart from the technical procedure of psycho-analysis, have received much acceptance among the laity, and notable consideration in literature -- philosophical critical and fictional. Not a little flavor of modern psychiatry is to be found in the writing of Somerset Maugham, Sherwood Anderson, and other gifted authors; specifically and most valuably critical of us is H. P. Follett's Creative Experience; philosophers and sociologists during the last decade have made frequent reference to our field.

It is clearly no slight burden to be cultured enough and active-minded enough to acquit oneself acceptably in the role of the modern psychiatrist, to make the enormous advance from a meager course of lectures on mental disease offered in the medical school to competent practice of present-day psychiatry. The leaders have gone forward through many years of earnest self-cultivation in a pioneer field. Does such individualistic effort represent the necessary arduous path for oncomers?

We may here ask whether psychiatry is by professional definition to remain so broad in its interests and practice; if it is, then the preparation and education of a psychiatrist are matters about which it behooves us to think most seriously.

The Round Table on Social Psychiatry at the meeting of the American Psychiatric Association last year was devoted to consideration of the definition of the field of psychiatry. To me, as moderator, it seemed to be the unanimous opinion that psychiatry is not an art or a science confined to the study and treatment of mental disease, whether it be psychosis, psychopathy, psycho-neurosis or defect. It was very strongly expressed that it is exactly the psychiatrist's proper business to take over the problems of mental adjustments that are so immediately and overwhelmingly involved in the problems of personality, of family and other social maladjustments, of misconduct, of vocational dissatisfactions, of educational misfittings in primary or secondary school or college. Acknowledging the weight of this program, the burden was felt to be rightfully ours.

Psychologists might long ago have pre-empted large areas of this field, but the academic attitude that almost entirely restrained them has been that psychology must not be concerned too intimately with people's affairs, must never involve itself in such practical matters as therapy. Yet psychology may wake up with a different opinion one of these days, and if the psychiatrist is not well enough trained to handle the tasks he has assumed, it may then be said to him as a doctor of medicine, "Your business is to study and treat the body, the nervous system; we psychologists are best fitted to tackle the purely mental problems." As it stands, psychiatry nowadays is insisting, "It is because of the training of our craft in matters pertaining to the human being as a whole, in his physical, mental and social relationships, that our people should keep control of this field."

In spite of the implications of the recent statement by a great medical man that "the development of the science of psychology is our only hope of improving the quality of the human being," knowing the mind, even its simplest activities, in terms of histology or chemistry of body or of brain cells is a mere dream of the dimmest future. Little indeed of such matters comes into play in the reconstruction of human behavior trends, the reconstructive effort that is of the very essence of the modern conception of psychiatry. This may not be what some of us thought years ago, but we have been forced to this conclusion after years of endeavor to understand through the direct biological approach, an endeavor that has led us to very slight accomplishment in mental therapy. It seems only possible to aim directly at the goal by acquiring all the knowledge we can concerning the structure, functionings and content of the mind itself, and utilizing this knowledge as it bears on behavior and conduct.

Psychiatry, holding fast to the primary idea of itself as the science or art of the treatment of mental life, must acknowledge, then, that outside of the few troubles where pathological conditions are specifically known to be basic, most fundamental for it is psychology, the science of mental life, though that science must be conceived as involving a much wider range of considerations than are found in academic textbooks on the subject. The material of an older structural psychology, associations, memory, will, perception, attention, plays but a part in the conception of mental life that modern psychiatry holds. The latter embodies a wide view of mental content and of its activities, of urges and drives and instincts, of the vastly important facts that have been brought out by the exponents of what is properly called dynamic psychology, and even of behaviorism. And then there is the psychology of abilities, already emerged from the stage of arithmetical rating by age-levels and intelligence quotients.

A training that encompasses this point of view is imperative for the psychiatrist if psychiatry is going to accept rank as a therapeutic and preventive science, and particularly if it is going to handle successfully the manifold personality and behavior problems of childhood and youth, or, even more specifically, if this profession is going to be capable of understanding and really directing the rich variety of educational and re-educational processes that may be utilized. We who are attempting these tasks have found that our most efficient aids are in re-trained parents, in social workers who have the psychiatric point of view, in intelligent foster parents whose homes are utilized for the placing of children, occasionally in educable employers, and particularly in progressive teachers interested in the individual. In respect to the teaching program itself, one finds it most necessary to be acquainted with, to utilize or to take a hand in the development of special regimes, now for the specially deficient, now for the specially gifted, or for the specially interested child. Sometimes it is the nursery school or kindergarten, or the trade school, the project scheme, the tutorial, the Dalton or the Minnetka procedure that may be of great assistance in mental therapy. And so, altogether, the advice and the direction that are sought so ardently nowadays from the psychiatrist require on his part not only much knowledge of etiological factors in mental life, but also much consideration of the possibilities and technics of mental, social and educational modifications.

Adequate training for the practice of modern psychiatry also includes, however, development of personality characteristics and skill in technic in just the fashion of other professional specialties. Only here, perhaps, is demanded more than anywhere the cultivation of a remarkable combination of a sympathetically subordinated understanding and commanding personality. It is often a serious and not an easy task to carry through to a good end the mental operations necessary -- even our terms, mental exploration, psychic trauma, are indicative of what is involved. Over and beyond what may be learned from books, and what vocabulary, often professional jargon, may have been acquired, quite indispensable for success (and observation of many medical people working with the problems of modern psychiatry has taught me a deep lesson in regard to this) is an achieved ability to put patients, perhaps primarily unwilling patients, through necessary mental operations. Sometimes the adult and frequently the child to be studied can only be successfully approached and dealt with through a personal technic or procedure that is attainable through no little attention to the requirements of such situations and practice in them.

Practically, what is the situation at the present time in this matter of the training of the medical man or woman for service in the field of the newer psychiatry? Most easily, perhaps, we can state the really minimum requirements: 2 years of a good college course, 4 years in medical school, 1 year in a general hospital as obligatory in some states for practice, 1 year in a hospital for mental diseases, 1 year in extra-mural psychiatry. Here are 9 years gone. (And through 3 years of college and the 5-year curriculum of some medical schools many will find the total to be 11 years.) But we are frankly afraid that even under this plan very little essential psychology is going to be absorbed; that there is not likely to be much of it in the short years of college, with all the need for languages and science as pre-medical requisites, nor in the medical school with its over-crowded curriculum, and certainly not in the grind of hospital work. It seems very doubtful if any fair chance for the absorption of sound psychological knowledge is to be had until the 8th or 9th year, and then only under exceptionally favorable circumstances in regard to the opportunity for study and for receiving instruction while dealing with patients. And in these last years there is so much that it is necessary to gain acquaintance with -- special matters in neurohistopathology, serology, radiology, endocrine biochemistry.

Will many undertake more than 9 years of training? And for my part, I think that under the plan of the psychiatrist being educated to be a medical practitioner, 12 years much more nearly represents the real requirements of modern psychiatry. Occasionally someone will go on; I know some such splendid students; and others after entering practice or after service in a hospital for mental disease may be induced to equip themselves through scholarships such as the Rockefeller Foundation is offering

through the National Committee for Mental Hygiene. But not nearly enough people are coming forward to fill the demand for well-trained and experienced psychiatrists.

There are nothing like such requirements in any other profession except, some will say, in the other medical specialties. But the situation there is entirely different. Training for any other specialty leads directly out of the work of the regular medical course and from experience in the general hospital. Here acquaintance with another science is required, a science which has no foothold and very little background in the medical curriculum, Psychology represents in its data and terminology a new discipline for the medical student.

Does the path to this fine human service seem too long, and by reason of the length unattractive as compared with other medical work? And if so, can we alter the educational situation? The field has been immensely widened; modern psychiatry should be safeguarded to a position of professional permanency. More strong people are needed in it. But the psychiatrist can only retain his hold on his new work through not appearing ridiculous; he dare not take up with the problems offered in connection with educational or social or legal or industrial issues or even as related to personality and family situations unless he is equipped really to understand them and to deal with them. Already one hears ominous rumblings of criticism.

Searching for some way out of the difficulty it may first be asked whether the psychiatrist need be a qualified general medical practitioner. So far as fulfilling the requirements of sound psychiatric practice is concerned, it seems clear that the psychiatrist need not undertake to cover the medical courses or the clinical work or pass state board examinations in several subjects, for example, obstetrics and surgery. Indeed, a lot of work in anatomy, physiology and medicine and special branches of medicine, could perfectly well be dispensed with if the psychiatrist need not qualify as a general practitioner. And why should he practice any of several departments of medicine, any more than the ophthalmologist does obstetrics, or the neurologist undertakes abdominal surgery?

Perhaps the psychiatrist might have a special degree -- his field and service are big enough to warrant it and to warrant a special examination and certificate of registration. Or if the usual medical degree is retained, there might be a special required course and a special examination. Psychiatrists might be trusted not to undertake medical work for which they are not qualified, equally, for example, with ophthalmologists.

The dilemma is evident from what already has been said. No plea is being made for a less severe discipline, rather for a severer training. Here is a department of knowledge, a field which the medical profession proposes to control, and which, if well-steered, is bound to become exceedingly influential in the service of mankind. To produce the right sort of education for this modern psychiatry, to catch the right sort of students for it -- these are tasks of the present.

It would seem easily possible to drop two years or more from a standard medical course and general hospital service and to fill this time before graduation or before state board examinations with definite psychological training and medico-psychological service. The necessary changes in requirements for medical school graduation and for state registration should be far from insurmountable. What other way is there to give the right sort of training and get the best students?

Anyhow, a ringing challenge has come to the psychiatric profession to attract the most capable young men and women to the practice of what should and readily may grow to be considered the most dignified of all professions -- that which is concerned with and treats mental life, the innermost and real being of man.