An Introduction to Psychiatry

Bioregulatory Systems 1a (Guided Online Learning) – Dr Tom Dalton ST6, 2023

The human brain is the most complex object in the known universe[1]. This fact (and its implications) alone may be enough to entice you to pursue a career in psychiatry, or put you off.

There is no need to explain why it is enticing – as medics we enjoy knowledge, and there can be no more appealing challenge than "the most complex object in the known universe". The clinical work of psychiatry is infinitely stimulating, the field of knowledge ever-expanding, and the research opportunities are endless.

But some people find this complexity off-putting, for a number of reasons. To begin with, it inevitably involves working with a great deal of uncertainty. There is much uncertainty about exactly how the brain works – the fact is, if the brain were simple enough to be understood by us, we ourselves would consequently be too simple to understand it (or indeed understand anything at all). Following from this, there is uncertainty in predicting what someone's brain will do next – it is more or less impossible to perfectly predict the behaviour of very complex systems, and the brain is no exception. We are therefore working with phenomena which remain to some extent mysterious and unpredictable.

This is, in fact, true throughout Medicine, as the rest of the human body is only marginally less complex than the brain. However, in other specialties we have various investigations such as blood results, imaging and physical examination which may give us the reassuring sense of something "externally real" or "objective", and thus provide an impression of certainty. In psychiatry on the other hand, the inherent uncertainty of working with the very complex system we call the human body is laid bare. This is partly due to the predominant *types of information* we use in clinical practice: interpersonal communication and subjective experience.

Part of the reason why there are few physical tests which are of much clinical use in psychiatry is that by far the best instrument for measuring the activity of the human brain is another human brain. No piece of medical technology comes even remotely close. The human brain can be thought of as a "social organ", honed by millions of years of evolution to accurately understand and predict the behaviour of other humans, at both a conscious and unconscious level. In psychiatry therefore, by far our best source of clinical information is the many-layered communication between us and the patient, and how we subjectively experience that interaction. Some doctors find it hard to trust the validity of this type of information, or to give it the same credence as a blood result (perhaps because it does not feel concretely real, external or "scientific" enough). This strikes me as odd, considering that interpersonal communication and subjective experience comprise the fabric of our whole lives and the bases for most of our decisions.

This leads on to another aspect of the brain's complexity, which may make psychiatry either more enticing or off-putting, depending on the student. Although we have so far been referring to "the human brain" as if it is just another organ to be dissected and studied, the reality is that we are also effectively referring to a person: a mind, a human life etched in neurons, along with all the thoughts, memories, hopes, fears, passions, knowledge, emotions, beliefs, language and patterns of behaviour that make us who we are. Indeed, in order for that list in the previous sentence to encompass all that the human brain is or does, the list would probably have to be infinitely long, because our brain is the seat of our entire reality. Not only our personal reality, but that of everyone around us, as well as the social systems within which we exist, all our endeavours, culture, arts, scientific understanding – the

[1] Robin Murray (2012) – a leading expert on Schizophrenia, and a very engaging speaker if you ever have a chance to attend a lecture by him.

entire history and future of the human race. You may be thinking at this point that we are straying some distance away from the remit of our expertise as doctors.

Psychiatry of course takes a narrow focus within this all-encompassing sphere – a specific selection of the problems that can emerge within the brain – but it is impossible and inadvisable to try and conceptualise these divorced from the rest of human life. Mental illness cannot be reduced to simply biological dysfunction. At every level, from its root causes to its epidemiology, mental illness is inextricably embedded within our lives, relationships and sociocultural milieu. To try and understand mental illness by focusing solely on its biological basis would be like trying to experience a fully-staged musical theatre production by just reading a few pages of the libretto. A woefully incomplete picture, and one which basically misses the point.

The following seminal paper, *The Need for a New Medical Model: A Challenge for Biomedicine* (Engel), may take you slightly longer to finish reading than the allotted hour for this self-directed study. This is appropriate, because it can be considered required reading for not just psychiatry but for all undergraduate medicine. You will hear a lot about the "Biopsychosocial Model" in every specialty over the next six years – this paper is largely the reason why, and I look forward to hearing your thoughts on it at the lecture next week.

An important theme within the Engel paper is Cartesian dualism (our tendency to conceptually separate the mind from the body) and the way it pervades Western medicine. In fact, it is so pervasive that it has even infiltrated this very introduction, despite best intentions. Though rhetorically expedient, the earlier statements that a brain is a person, and the seat of our entire reality, are not strictly accurate – these phenomena arise from the whole body, not from the brain in isolation[2]. This is true at a biological level, the nervous system being fully and inseparably integrated throughout the body, and is equally true at the level of subjective experience. Our conception of ourselves and our perceptions of our internal and external reality are fundamentally embodied, experienced through and by our body. We like to think that psychiatry is "all in the head", perhaps as a convenient means to partition organ systems and hospital departments (or perhaps for the non-psychiatrist to designate a selection of difficult and uncomfortable issues as Not My Problem), but this is simply false. The apparent distinctions between "mental" and "physical" health/illness exist only at a superficial or conceptual level, and are fundamentally meaningless and misleading. Psychiatrists and general medics/surgeons focus exclusively on the mind or body, respectively, at their patients' peril.

We have so far focused on psychiatry and medicine as intellectual pursuits, thinking about complex systems, uncertainty, types of information, spheres of knowledge and conceptual frameworks. However, this is only part of the picture. A more important aspect is *what it is like for us* to work in close contact with the damaged, suffering people whom we call patients. All doctors suffer with their patients to an extent (this is empathy) and it can be valuable to explore our own reasons why we have chosen that work and find it rewarding. It is a particularly valuable question for the psychiatrist, because the suffering we are often witness to is arguably more intense, and unarguably more complex. Physical pain is by no means simple, but it is easier to understand and imagine than, for instance, depression. In this respect, the work of psychiatry is more challenging, but also deeply rewarding.

I have tried in this short introduction to outline a few important aspects of psychiatry which may be useful for you to start thinking about, but of course there is no need for you to decide at this point whether you are someone who finds psychiatry enticing or off-putting. It's a moot point, because I expect all of your patients will have a brain.

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[2] We touch here on the question of how consciousness and subjectivity arise from physical matter, but that is a famously Hard Problem and, though fascinating, is unfortunately beyond the scope of a 1-hour GOL.