MODERN Psychiatry is that branch of medicine concerned with the manifestations and treatments of the disordered functioning of an individual's personality, which adversely affects him in three ways—his inner subjective life, his relations with others and his capacity to adapt to life in society.

The scope of psychiatry is vast in terms of the numbers of sick people. About one half of all hospital beds in industrially developed countries are occupied by psychiatric patients; surveys have shown that at least one third of people attending their general medical practitioner have complaints essentially psychological in nature, and suicide, which is nearly always an end result of a psychiatric illness, is one of the commonest causes of death in young adults. (Fourth commonest in 1963 in the 20-44 age group.)

The range of illnesses regarded as psychiatric is greater than in any other branch of medicine. They range from those with a well-established organic basis with associated clinical and pathological features, through illnesses due to subtle biochemical aberrations, to those in which no physical abnormality of body structure or function can be found.

The scientific basis of psychiatry therefore is not only provided by the biological sciences such as anatomy, physiology, biochemistry, pathology etc. such as the rest of medicine rests on. As it came to be realised that only a minority of psychiatric illnesses are essentially organic in nature and that the great majority reflect the maladjustment of an individual in his personal and social relationships, a far more important contribution to our understanding of psychiatry has come from the social sciences such as psychology, anthropology and sociology.

The history and current state of psychiatry reflect in a fascinating way many of the basic difficulties in man's struggle for objective understanding of his world. These difficulties have always been great enough in understanding external
reality but when man has turned to understanding his inner reality, i.e., his subjective life of thoughts, emotions, wishes, fantasies, dreams, the difficulties until this century seemed impossible to overcome. The unique contribution of psychiatry in the last 100 years has been to develop methods by which man’s inner reality and its relationship to external objective reality can be studied scientifically.

This article will attempt to sketch briefly the basic orientations in modern psychiatry, both historically and as regards their present status.

**Historical Background**

All the main current concepts in psychiatry have developed in the last 100 years. Until as late as the 17th century mental illnesses had been sharply separated from medicine, being regarded as in the province of theology, law, demonology and therefore outside scientific study. There were only a very few exceptions to this approach, most notably the Greek school of Hippocrates and Roman medicine at the time of Galen.

In essence a mentally sick person was looked upon as possessed by supernatural powers, to be either treated as a god or persecuted and destroyed as an agent of the devil, depending on a particular society’s interpretation of which supernatural power was possessing the patient.

From the 17th century until a hundred years ago medicine’s only significant contribution to psychiatry was its acknowledgment that mentally sick people needed hospitalisation rather than being burnt at the stake. Over this period important modifications were developed in hospitalisation and hospitals changed from being prisons with the patients manacled to the floor on view to the public like animals at a zoo, to institutions where patients were treated with dignity.

**Organic Psychiatry**

Modern psychiatry really began with the efforts of mainly English and Continental psychiatrists about 100 years ago to bring psychiatry firmly within the ambit of medicine. They did this firstly by painstakingly studying the behaviour and natural history of vast numbers of patients in mental hospitals.

Within 50 years this approach had enabled them to delineate the main psychiatric syndromes (combinations of symptoms). Psychiatrists also presumed that mental illnesses were of the same nature as purely medical illnesses and therefore that a definite organic cause could be found.
By the use of medical techniques the organic causes of what we now regard as essentially medical illnesses which manifest themselves often with abnormal mental processes such as syphilis, brain tumors and disorders of the blood vessels were established. The positive aspects of this approach were to firmly establish psychiatry within the scope of scientific inquiry, and the sorting out of straight-forward organic conditions was a necessary preliminary to psychiatry coming to grips with the understanding of non-organic conditions.

But some negative consequences flowed from this organic orientation. On the basis of finding organic causes in a minority of cases, organicists (the name given psychiatrists with this approach) have assumed that all psychiatric illnesses can be explained this way and have denied the relevance of social and psychological factors. This has led to a tremendous amount of effort being spent on trying to find elusive biochemical or obscure pathological changes which would explain the cause of the commonest psychological illnesses such as schizophrenia and the neuroses.

In spite of the effort no significant organic causes have been shown in these major groupings of illnesses. Modern-day organicists, and numerically they are still significant, argue that if such organic factors cannot be found this is due either to their being so subtle that our present techniques cannot detect them, or that the organic basis of psychiatry is genetically determined, and that our lack of knowledge of causation is determined by the lack of precision in the science of genetics.

All of this leads essentially to a position of nihilism when faced with the treatment of an individual mentally sick patient. It has made no contribution to medicine or to general science in the last 50 years and is attracting few new adherents from the younger psychiatrists.

Its main appeal is to psychiatrists who wish to work in a traditional medical way with their patients. It is still an influential approach in many countries, e.g., some centres in England, Germany, Soviet Union.

Sigmund Freud

In this situation the revolutionary impact made by Sigmund Freud can be best understood.

Freud was born in 1856 and studied medicine in Vienna, which remained his home until one year before his death in
1939 when, faced with persecution by the nazis, he fled to England. In the early phase of his career he became famous as a neurologist. But his scientific curiosity was aroused by the numerous patients who presented themselves to him with symptoms for which he could find no organic or physical basis.

He had heard of hypnotism being used in Paris with apparently magical effect in removing symptoms untreatable by orthodox methods of medicine. So he travelled there and observed its practice.

He observed that hypnotism could both produce and remove symptoms. He then realised that there were powerful mental forces within man hidden from the consciousness of man. He returned to Vienna and spent the rest of his life studying and treating these forces. He started by using hypnotism but quickly found that this was very limited as a therapeutic method because psychological symptoms removed through hypnotism quickly returned when the hypnotic state was ended.

Freud found that by seeing his patients regularly under relaxed circumstances and letting them talk at random about any aspect of their subjective life and then by his analysing their apparently random associations of thought, their fantasies and dreams, he was able to develop a scientific method which was simultaneously a means of investigating the origin of a patient's symptoms and a therapeutic agent in removing the symptoms. This method is called psychoanalysis and it remains the mainstream of Freudian theory and practice and all its offshoots. Freudian thought falls into three categories:

1. His basic psychological concepts characterised by his method in approaching psychiatric problems.
2. His theories based on his clinical observations.
3. His essentially philosophical and sociological conclusions to which he devoted the last part of his life.

It was Freud's method of approaching psychiatric problems rather than any specific observations or theories which revolutionised psychiatry.

The principle of causality is a necessary assumption without which no science would be possible, but Freud was the first to apply this to the study of all mental processes in the form of a literal and uncompromising psychic determinism which
refused to accept any mental event as accidental. He looked for the causes of mental events in terms of the events and conflicts of a person's life and came to believe that the most critical events occurred in the first few years of life.

Freud insisted that mental processes could be understood as well as physical ones if enough were known about the life and development of an individual. He continually stressed the complexity of causation of mental processes—genetic, environmental and developmental factors always being involved. He made it clear that although his field of inquiry was the study of psychological factors in mental processes, and that in formulating new laws within this field he had to develop a new terminology, he anticipated a time in the future when neurophysiologists would be able to describe these processes in physico-chemical terms. Thus he avoided the philosophical trap of dualism—of counterposing "mental" processes against "bodily" processes. He regarded all processes as having a physical basis and thus all were "bodily" processes, but differing levels of functioning of bodily processes required the development of different levels of scientific laws to explain them.

Another major contribution was his discovery that a major part of mental activity takes place outside the individual's own awareness. It is not easy for any of us to face up to the fact that inside us there are drives, anxieties, guilts of which we are not aware. This aspect of his theory provoked the most unreasoned criticism during his lifetime, but today the existence and importance of unconscious mental activity is accepted by psychiatrists of all orientations except perhaps the most extreme organicists.

Another contribution was his insistence that there is no hard and fast distinction between normal, neurotic and psychotic behaviour because the same psychological processes underlie each.

It was Freudian-influenced doctors who were the first in the 1930's to treat the psychotic patients along essentially the same lines as neurotics—psychotherapy to uncover the psychological cause of their illness, with the intensive use of appropriate drugs to bring them into meaningful contact with reality, so that psychotherapy and social rehabilitation can proceed.

The real contribution of the modern tranquillising drugs developed since 1945 is best seen in this context.
The word psycho-dynamic is a useful adjective describing the body of theory which proceeds from the basic postulates of Freudian theory as described above no matter how much it may diverge from it in details.

Freud published his main contributions in the years 1900 to 1910 and again from 1922 to 1927. During this period he dominated a small restricted circle of psychoanalysts who tended to become defensive because of the intense antagonism shown by orthodox medicine. Many of his followers during this time became narrow dogmatists who did not follow up the insights provided by Freud and so enrich and expand his basic theorising.

Then just before World War II a group of psychiatrists who took a basically Freudian outlook broke away from the dogmatic psychoanalytical circle. They felt that the least developed and therefore the least satisfactory aspect of Freudian theory was its relative lack of emphasis on social and cultural factors in personality development and functioning, in contrast to the great emphasis Freud placed on the biological basis of personality development.

This does not mean that Freud was not interested in applying psychoanalytical knowledge to social problems. In fact most of the writings of the last 25 years of his life were an attempt to understand the reciprocal relationship between an individual and his society.

However, this weakness in Freudian theory was remedied mainly by psychiatrists such as Adler, Horney and Fromm who were much more in touch with the new social sciences. The most significant contribution came from Erich Fromm who had a detailed knowledge of marxist theory. He was a German who emigrated to the U.S.A. at the beginning of World War II.

Fromm showed that the relationship between man and society is constantly changing and is not, as Freud supposed, a static one. He went on to point out that although there are certain organic drives common to all men there are also essential differences between men.

These differences are produced by social processes. What we know as human nature is a cultural product which may be limited by, but cannot be completely explained in terms
of, man’s biological nature. He showed how definite changes have taken place both in human personality and in the type of psychiatric illnesses in different historical epochs.

**Social Psychiatry**

From concepts such as these and supported by scientific workers in the social sciences has developed a currently very influential trend called social psychiatry. This includes all those facets of psychiatry which have a social implication such as the early detection and prevention of psychiatric illness, the changes within the mental hospitals in recent years as well as the scientific study of the influence of social factors such as economic class on psychiatric illnesses.

It developed into a major force within psychiatry due to the impact of World War II. Before the war psychiatrists were mainly involved in giving individual psychotherapy to a tiny minority of patients who needed it or were caught up in testing out empirical physical treatments.

Army experience during the War reminded psychiatrists of the immense influence of social and group factors on an individual’s health. Simultaneously the strengthening of the influence of leftwing ideas within psychiatry meant that many psychiatrists began to see their main challenge being how to modify Freudian techniques so that vast numbers of sick people could be helped rather than just the privileged minority.

A group of British psychiatrists during the latter part of World War II began to explore the possibilities of using social forces positively in the treatment of disturbed soldiers.

This work was continued after the war, the key worker being Dr. Maxwell Jones. He opened within mental hospitals special units called therapeutic communities for some of the most alienated people in society.

It was recognised that the main difficulty of these patients lay in their social relationships and so this therapy is essentially done through meetings of patients and staff held several times each day where everything that happens in the community is studied. This approach deliberately uses group pressures and forces, the collective wisdom, strength and morality of the group being always much greater than that of the individuals making up a particular group. This is
obviously similar to the positive use of group forces in non medical fields such as politics. This approach spread quickly to the U.S.A. and in 1953 to Australia in the establishment of Fraser House within a Sydney psychiatric hospital.

It is significant that the majority of psychiatrists in this field have a basic "psycho-dynamic" orientation.

The Contribution of Pavlov

Another important contemporary orientation is that usually called Behaviourism. The main workers here are psychologists, not psychiatrists. The originator of this trend was the great Russian physiologist I. Pavlov, whose most productive years—1906-1927—closely paralleled those of Freud. His work on conditioned reflexes was conducted on animals and he only allowed himself to make a few tentative hypotheses about the application of this work to human mental processes. Then an influential group of American psychologists developed this work particularly in the study of the process of learning.

Essentially Behaviourism studies the overt response to specific stimuli and does not concern itself with man's inner subjective life. At first many scientific workers, particularly in the Soviet Union, thought that this approach would prove to be an alternative to Freudian theory. But it now appears that it has in the main confirmed from the viewpoint of laboratory techniques the major concepts which Freud developed from his study of sick people. In particular it has confirmed the role of unconscious mental processes, psychic determinism and how emotional problems are essentially caused during childhood, particularly in the first few years.

Treatment using conditioning techniques has proved to have a definite but limited place in psychiatry and many psychiatrists are now using this in conjunction with psychotherapy.

From a philosophical viewpoint Behaviourism is mechanically materialist in its orientation and so really pre-dates the much more dialectically materialist approach of Freud. It does not flow into the wide stream of Social Psychiatry which appears to be opening up far more developments than any other approach at present.