

EDITORIAL

PSYCHIATRY SANS PSYCHOTHERAPY

Psychotherapy which dominated psychiatry for long seems to have become relegated into oblivion. Whether this change in the professional practice is a progressive or retrograde step requires a serious consideration. Psychiatrists in India are more or less practising a biologic reductionistic model of mental illness and if this trend continues they may become manque neurologists. Having been associated with large number of postgraduate psychiatric teaching programmes in the country, I have strongly felt that psychotherapeutic training does not receive any thing more than lip service in most of the teaching schedules.

The basic question is whether psychotherapy is really necessary in the treatment of mental illness. In view of certain psychiatrists, it is ineffective, no better than placebo, doing as much harm as good, and having no scientific foundation. But, inspite of limitations of various nature it is hard to find a psychiatrist who does not practice psychotherapy of some kind. A general consensus is that regardless of most skilled application of psychopharmacology a large amount of human misery still remains and perhaps can not be handled by any means other than some sort of psychotherapy.

Advances in biological psychiatry claim to have revealed certain pathogenic-biochemical factors relating to psychiatric illness. This has resulted in development of certain very potent psychopharmacological agents. As a result of these developments, biologically oriented psychiatrists view 'psychic symptoms as epiphenomena of underlying physiochemical events.

On the other hand the psychologically oriented psychiatrists solely emphasise the need to understand the psychiatric illness in terms of psychosocial perspective. Both these approaches can be called reductionistic approaches because they offer single simplistic explanation for complex behavioural problems. Although a greater emphasis has always been laid on the integrative approach, the reductionistic theories have a strong appeal as they reduce the ambiguities and complexities of the field and appear easy to practice.

● An important factor which deters novice from practising or learning psychotherapy is the widely diverse schools of human behaviour and techniques of psychotherapy. In a latest count more than 450 brands of psychotherapy could be indentified (Karasu). Furthermore senior Indian psychiatrists have raised serious doubts as to whether western psychotherapeutic models could be practised in India (Neki, Surya and Jaya Ram) because psychotherapeutic concepts developed in a specific culture may be suitable in another culture only when heritage of two cultures has substantial sharing.

Among other important reasons for not practising psychotherapy in India are enormous workload on psychiatrists and inability of Indian masses to understand and appreciate psychotherapeutic help on account of low level of education.

A controversy has also existed for long as to what, if any, is the effective component of psychotherapy. Various theoretical schools-emphasize that the change occurs because of interpretations, analysis of transference, et.: while other psychiatrists feel that the crucial factors in producing change are the relationship between therapist and patient and

some other "Universal" factors (e.g. suggestion, persuasion or catharsis). For Indian psychiatrists it is important to delineate the cultural factors involved in psychopathology because in individuals, percepts, beliefs and values are highly influenced by the culture in which one grows. For instance, the western society is considerably individualistic and therefore a greater emphasis is laid on individual happiness and achievement while in India emphatic use of the word 'I' is interpreted as a reflection of egostic feeling (*Aham*) and hence instead of 'I' the word 'We' is often used in day to day conversation. Thus in psychotherapeutic endeavour if emphasis is laid on complete autonomy of individual it may not produce the desired result. Social norms and orient culture do not approve it. Likewise, certain basic tenets of Hindu Philosophy such as subtle feeling of detachment towards the worldly affairs or desirelessness could be easily used in our psychotherapeutic practices and should help tremendously in strengthening ego functioning, improving interpersonal adjustment and promoting mental health. As such, there is an urgent need of developing certain models of psychotherapy which could be used in the management of emotionally disturbed patients regardless of their low educational background. As professionals we must tailor the therapeutic skills suiting to our clients and for this purpose intensive research is required to develop certain models which could be adopted by the coming generation of psychiatrists.

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References

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