

A shrinking discipline

A History of Psychiatry: From the Era of the Asylum to the Age of Prozac

by Edward Shorter

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John C. Marshall

Psychiatry has always been the most controversial of medical disciplines. So controversial, indeed, that many of its more eclectic practitioners have not thought it a discipline, while others have denied that it formed part of medicine. Edward Shorter, professor in the history of medicine at the University of Toronto, has now written a polemical history of psychiatry that should prove as contentious as the practice thereof.

From the word go, Shorter makes his own position clear: "If there is one central intellectual reality at the end of the twentieth century, it is that the biological approach to psychiatry — treating mental illness as a genetically influenced disorder of brain chemistry — has been a smashing [*sic*] success." Shorter distinguishes *absolutely* between 'biological psychiatry' and what he calls the "biopsychosocial' model of illness". These perspectives, he claims, "are polar opposites, in that both cannot be true at the same time". He continues: "Either one's depression is due to a biologically influenced imbalance in one's neurotransmitters, perhaps activated by stress, or it stems from some psychodynamic process in one's unconscious mind." Words (almost) fail one: does Shorter really believe that psychological states are disjoint from brain states?

Thankfully, Shorter's bizarre philosophy does not inhibit him from some forthright judgements on 'physical' treatments, including drug therapies. The reader needs a strong stomach to cope with Shorter's descriptions of caring physicians rendering their patients comatose with insulin; provoking convulsions with Metrazol and fever with malarial injections; and committing all other manner of grievous bodily harm. Here, for example, is Dr Hatcher describing how he performs transcortical lobotomies: "Nothing to it. I take a sort of medical icepick, hold it like this, bop it through the bones just above the eyeball, push it up into the brain, swiggle it around, cut the brain fibres like this, and that's it. The patient doesn't feel a thing."

By comparison, what Shorter calls "the psychoanalytic hiatus" sounds relatively benign. One does, nevertheless, wonder what point Shorter thinks he is making when he claims that "[i]t was above all among the middle-class Jews of Berlin, Budapest and Vienna that psychoanalysis proved such a

The insane at Bethlehem Hospital, London. From *The Rake's Progress* by William Hogarth.

hit". Or when he glibly asserts that "It seems to be the case that Jews overconsume most psychiatric services in proportion to their numbers in the population".

Shorter is equally plain-spoken (and equally ambiguous) on the pharmacological industry. In a section entitled "Maintaining Market Share", he argues that such 'conditions' as youthful exuberance, exposure to the news on television, and plain ordinary unhappiness have been medicalized into attention-deficit disorder, post-traumatic stress disorder and mild depression, to keep the psychiatrists in work and the drug companies in profit. Yet Shorter remains convinced that there is such a thing as "real psychiatric illness", uncontaminated by the fact that "psychiatrists have an obvious self-interest in pathologizing human behaviour". These 'real' pathologies include bipolar psychosis (manic depression) and schizophrenia. And, for such biological diseases, the patient is enjoined to swallow the pill of the month, despite the fact that the prescribing physician knows little of what links the chemistry to the symptomatology.

Shorter seems unperturbed by this lacuna, for he has foreseen a new problem for the profession. Could the pharmacological victory be Pyrrhic? By their very success, the chemical conquistadors may have done themselves out of a job: "Every time a psychiatric disorder became medicalized, it disappeared from psychiatry", a vexation that Shorter exemplifies with the loss of "neurosyphilis to the internists, mental retardation to the paediatricians, and stroke to the neurologists".

Is all then lost? Apparently not. The average consultation time in psychiatry is purportedly 40 minutes (significantly longer than in most specialities); time enough, it would seem, for the psychiatrist

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to talk to the patient. "This combination of psychotherapy plus medication," Shorter claims, "represents the most effective of all approaches in dealing with disorders of the brain and mind." And why can this "psychotherapeutic side" *not* be "hived off to the psychologists and social workers, who were more intensively trained as therapists"? Simple: "The history of medicine suggests that patients derive some kind of bonus from the knowledge that they are dealing with a physician!" "Catharsis", claims Shorter, is heightened when "telling one's story" to a doctor.

The Freudians — who Shorter despises, and whose ideas, he asserts, "are now vanishing like the last snows of winter" — should thus find instant gratification in Shorter's history (but only, of course, if they are medically qualified). Everyone else would be well advised to take a few tranquillizers (or better still, a stiff whisky) before turning to the preface. There, Shorter informs us that it is merely a "trendy" notion among intellectuals that psychiatrists might certify "those who otherwise would be challenging the established order". Many of my friends from the former Soviet Union will be amused to read that this does "not correspond to what actually happened".

Even more disturbing is Shorter's confidence that "[p]sychiatry is, to be sure, the ultimate rulemaker of acceptable behaviour through its ability to specify what counts as 'crazy'". Funny, I always thought that the 'ultimate rulemaker' (on Earth) was the highest court of the land. As the good soldier Švejk argued, the doctors had no right to throw him out of the lunatic asylum without first giving him lunch. □

John C. Marshall is at the Neuropsychology Unit, University Department of Clinical Neurology, Radcliffe Infirmary, Woodstock Road, Oxford OX2 6HE, UK.