This brief note has been prepared to advise psychiatrists of the existence of such a unit of learning and where possible to stimulate its use in the nurse training curriculum and promote such activities in their clinical practice.

H. Hunter

Balderton Hospital
Balderton, Nr Newark, Notts

Psychiatry in decline

Dear Sirs

Dr Morrison has voiced the thoughts of many psychiatrists on the future of their specialty (Bulletin, January 1985, 9, 4-7). The public has never had a confidence in psychiatrists equal to that placed in other medical practitioners. However, they were prepared to put their trust in them. Over the past twenty years, as Dr Morrison points out, an unease and suspicion about psychiatrists and their practice has increasingly appeared. Can this change be attributed to the emergence of pathological mental events which could be simply and easily influenced for good has triumphed over reality. Mental events have an inherent resistance to change as is evidenced in perseverative phenomena at the conceptual as well as the sensorimotor level and in the compulsion to repeat. As we have now learned, this inertia, which is so much a feature of mental pathology, cannot be speedily overcome by chemotherapy, by brief or sometimes prolonged psychotherapy, by behavioural methods or by social intervention.

The general public came to believe that psychiatrists possessed remarkable therapeutic powers. Psychiatrists were idealized. Great expectations were aroused. These expectations have not been met and a serious disillusionment with psychiatrists has set in. There is a turning to others who encourage these unrealistic expectations. It is disillusionment with psychiatrists, not paranoid anxieties, which has led to the present disenchantment on the part of the public.

Eleven years ago (News and Notes, September 1974, 11) I expressed the fear that great damage had been done to psychiatry because of the erosion of the clinical tradition caused by enthusiasm for natural science methodology and an uncritical advocacy of biochemical theories of mental illness. This damage has been increased by the down-grading of mental hospital practice and the promotion of district hospital and community psychiatry. A generation of psychiatrists has been deprived of the clinical knowledge which was second nature to those of earlier years. The resulting lack of confidence has been sensed by other professions and by the general public enhancing innate fears and doubts about the competence of psychiatrists. It is unrealistic to believe that these attitudes can be quickly halted or reversed. They will certainly not be changed by lectures, confrontations or polemics. Mental illnesses and the problems they present will remain. A commitment to serious clinical work may give psychiatrists the opportunity to regain what has been lost.

H. Hunter

Balderton Hospital
Balderton, Nr Newark, Notts

Training in community psychiatry

Dear Sirs

I was interested to read Hugh Freeman's article (Bulletin, February 1985, 9, 29-32) on training in community psychiatry.

I would like to call attention to the paragraph about Dingleton which says that the 'philosophy practised there may be more acceptable to doctors preparing to work in the community' than to those training for hospital practice. Mention is made of broadly based psychotherapy training there which is in contrast with most psychotherapy training.

I understand that the principle of democratization, as described at Henderson, has provided some inspiration for their approach. This is also true of my own training at John Conolly Hospital in Birmingham. Democratization seems to me to be about sharing responsibility. A shift of responsibility from the hierarchical structures of many mental hospitals to other workers and towards patients living independently in the community also seems central to community psychiatry.

Working therapeutically with all types of psychiatric patient requires extensive and effective support for the workers to deal with such phenomena as countertransference, apathy and the projections of severely damaged and regressed personalities.

Development of group skills in multidisciplinary settings may be seen as a partial solution to the problem of meeting this need. The personality growth which may result from a sharing of responsibility, if the group is working, I suggest is essential to good training in community psychiatry.

Resistance from the established order is to be expected and faced. It is not surprising that academic psychiatry and the
Psychiatric Bulletin

M. Rowlands


Access the most recent version at DOI: 10.1192/pb.9.5.105-a

Psychiatry in decline—Reply

References

This article cites 0 articles, 0 of which you can access for free at:
http://pb.rcpsych.org/content/9/5/105.2.citation#BIBL

Reprints/permissions

To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at

/letters/submit/pbrcpsych;9/5/105-a

Downloaded from

http://pb.rcpsych.org/ on November 6, 2017
Published by The Royal College of Psychiatrists