

# Courage is a key quality for a general adult psychiatrist

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## Summary

Psychiatry is a specialty that demands much from its doctors. One of the most important of these is courage. I examine the different aspects of a general adult psychiatrist's life and the ways in which they show courage in three sections: The General Adult Psychiatrist, The Doctor; The Human Being and The Pioneer. These sections dissect the ways in which courage manifests as a response to what is asked of psychiatrists in their doctor-patient interactions, the dissent about diagnosis that frequently arises in the specialty, the long term personal consequences of psychiatric practice, the existential threats to psychiatry, the stigmatisation of psychiatry by the public and media and other doctors, the difficulties of opening up when they themselves need help and the flawed system in which psychiatrists practice. The conclusion looks forwards to a brighter future in which the profession does not demand so much courage from its general adult psychiatrists.

# Courage is a key quality for a general adult psychiatrist

Psychiatry has always faced a struggle to be heard, seen and accepted. For so long it has been maligned by the media, misunderstood by the public and sidelined by other medical specialties. Entering the profession brings with it a stigma<sup>1</sup> that seems endemic to psychiatry and has kept it from achieving the mainstream status it deserves. The external factors and the difficult and emotionally demanding day to day workload come together to form a career that has a larger-than-its-fair-share of turmoil and conflict, but also triumph and vindication. It demands courage from its practitioners in all that they do. This will be examined further in the three sections that will cover different aspects of their lives: The general adult psychiatrist as the doctor, the human being and the pioneer.

## **The philosophy of courage**

The Oxford English Dictionary is pithy with its definition of courage: “the ability to do something that frightens one; bravery” and “strength in the face of pain or grief”.<sup>2</sup> For many situations in the real everyday world, this definition is sufficient but philosophers have much to say on the topic of courage and the way in which it applies to the world we live in.

Aristotle gave a more substantial definition of courage in *Nicomachean Ethics*<sup>3</sup>. He felt that courage resided at the average between two extremes of fear and overconfidence, and was a virtuous response to circumstances that challenge us.

## **The General Adult Psychiatrist, The Doctor**

Arriving at the modern era of psychiatry has involved centuries of thought and research, discoveries and revelations and successes and failures. Though not without its problems, modern psychiatry is a huge improvement on its antecedents<sup>26</sup>, and there are many factors to which we can attribute this success but one of the most important is the consideration of the patient as a living, breathing, sentient human being<sup>26</sup>.

It is this last point that is particularly pertinent to this discussion. A general adult psychiatrist understands that the patient before them is a human being with feelings and thoughts, hopes and fears and though they are assailed by the extremes of what make us all human, they remain no less for it. It takes courage to attempt to understand the depths of another's suffering, to slowly examine the threads that constitute their tapestry, to discover the horrors that have been stitched in alongside the wholesome. A psychiatrist may often uncover a past of trauma, abuse and neglect that makes even the most stoic flinch, and over a career of such encounters, without courage, one would all but crumble.

As empathic people, they are not afforded protection as they reach into someone's mind as someone callous and uncaring might be and the good psychiatrist understands this. They understand that one cannot reach into a fire to save another without being burnt, but the good psychiatrist has the courage to do so anyway.

There is some evidence to suggest that the profession eventually takes a toll on psychiatrists with some studies finding that suicide rates are higher in psychiatry compared to general medicine<sup>4</sup>. This is a powerful and uncomfortable statistic, and it is not clear whether the long term impact of practicing psychiatry can lead to suicide or whether individuals who are more likely to commit suicide enter the profession. There are studies that dispute whether there even is a link<sup>5</sup> but we know that burnout and depression are very real threats to psychiatrists<sup>6</sup> and the fact they continue despite these threats makes the courage of a psychiatrist even more profound.

Alongside empathy and emotional intelligence, a psychiatrist needs to be competent and knowledgeable as they recognise psychiatric disorders and manage them. It is no easy task to extricate all of the problems contributing to mental health issues such as drug misuse, trauma, isolation and biological illness from a patient's personality, background and culture, and no easier still to assign a diagnosis and formulate a management plan that resolves the issues and brings together all these separate elements into a cohesive whole. Here, members of the multi-disciplinary team may disagree, as is frequently seen in the psychiatric community<sup>7</sup>. It takes courage to stand by one's qualified convictions when others may disagree but it also takes courage, perhaps even more so, to change one's view when facts are presented that suggest otherwise<sup>8</sup> whether this be from a colleague, patient, or new research. It is no mystery that our egos sink away from admitting mistakes and saying sorry, and of course, it is much easier to stay silent.

Along with dissent from colleagues and patients about the day-to-day practicing of the specialty, psychiatrists must also implicitly or explicitly deal with more existential challenges to the profession. The main one being skepticism about the legitimacy of psychiatry as a medical specialty and the need and validity of psychiatric diagnosis. On these subjects there has never been a shortage of critics:

Thomas Szasz (1920-2012), a professor of psychiatry at the State University of New York was a vocal critic who argued in his “Myth of Mental Illness”<sup>9</sup> that psychiatric diagnosis is merely a judgment of behaviour and that psychiatry worked to control what people do, whereas medicine managed what people have.

Andrew Scull, a sociologist at the University of California, called psychiatry a “profession always, so it seems, but a step away from a profound crisis of legitimacy” in his 1989 book *Social Order/Mental Disorder*<sup>10</sup>.

In 1967 David Cooper, a psychiatrist himself, coined the term anti-psychiatry giving a moniker to a whole movement that had begun to revolt against what they felt was a profession that did more harm than good.

Exacerbating matters, sensationalist and outdated ideas about psychiatry have often been churned in the popular culture machine to produce depictions that have frequently been at best unflattering and at worst actively harmful.<sup>11</sup> *One Flew Over The Cuckoo’s Nest*’s<sup>12</sup> portrayal of psychiatry, highlighting its barbaric nature, though outdated, remains one of the most visceral

to be imprinted on to our collective memory. Silence of The Lamb's<sup>13</sup> Hannibal Lecter, arguably the most famous psychiatrist in fiction is also one of the most infamous villains in the western popular culture canon; he is able to astutely read what others are thinking and is able to leverage this to his advantage. It is entirely possible that it is depictions such as these that have led around 50% of medical students and the public to believe psychiatrist "know what you're thinking"<sup>1</sup>. It seems the ubiquity of these fictions have lead, unfortunately and inexorably, to their conflation with reality.

Though there is arguably less resistance to psychiatry in the 21st century as awareness of mental health issues increases, ideas as those mentioned above have not disappeared. Which other specialty in medicine draws such impassioned criticism as to birth an anti- movement? Which other occupation is so often portrayed so often on a scale between fumbling fool and evil mastermind? Which other career choice would make 47% of the public feel uncomfortable sitting next to one of its practitioners at a party?<sup>1</sup> To enter a profession so often maligned requires courage. Courage to push back against the collective weight of the present and past; courage to consider the arguments of its detractors and dissidents and courage to believe in the good that psychiatry can do even when others do not.

### **The General Adult Psychiatrist, the Human Being**

As a psychiatrist delves deeper into a patient's psyche, they must recognise that they are also moving inwards into their own. A patient's anxieties, insecurities and worries can stir one's

own and bring to the surface emotions that have long lain dormant. A patient may act as a mirror in which a psychiatrist sees themselves reflected; in which they see what may have become of them in another life under different circumstances. It may force the one to reassess their own coping methods, reactions to trauma and loss and mental health. It needs not be said that too much emotional investment or emotional empathy can be an obstacle to a healthy doctor-patient relationship in that it is extremely demanding on the psychiatrist and can damage objectivity, but psychiatrists are not removed from the human experience; there is no on/off switch for this, they have little control over the emotions that patients may provoke in oneself, towards oneself. In these circumstances courage manifests in a psychiatrist's ability to wade through these emotions day after day and have the cogs of their own mind constantly laid bare and their own anxieties, insecurities and worries brought to the fore.

A general adult psychiatrist must live with all these challenges, every day. The amalgamation of such challenges exerts such tectonic pressures that over years, can lead to a certain kind of fatigue; burnout, which can be defined as a constellation of “emotional exhaustion, depersonalisation and lack of feelings of accomplishment”<sup>6</sup> it is a state of being that psychiatrists can be particularly susceptible to<sup>6</sup>. A yet worse result is the deterioration in their mental health, presenting often as depression.<sup>6</sup> In these circumstances it would not be courageous to attempt to carry on as it may put patients at risk, but instead the real opportunity for courage comes from the admittance that one is not okay and is in need of help.

This has always been a difficult conclusion for doctors to accept<sup>25</sup> especially when it comes to mental illness regardless of whether it is related to their work, as it may challenge the image

one has of oneself as a resilient saviour of others. When one discusses this with colleagues or higher authorities, one may have to deal with stigma, restrictions on work and perhaps even feel an erosion of the confidence others had in their ability<sup>14</sup>. To seek help and risk so much is courage distilled, and though it would be so for any person, it could be argued that for a psychiatrist, it is even more so, as the uninitiated may raise questions about whether someone with mental illness can treat someone else with mental illness, and leave little room to discuss the full reality of the situation.

### **The General Adult Psychiatrist, The Pioneer**

Psychiatry has always faced an uphill struggle in a system that tends to neglect and marginalise it in favour of physical health. Mental health conditions constitute 23 per cent of the disease burden in the UK but receive just 11 per cent of the health budget set by the Department of Health<sup>15</sup>. This can restrict the freedom of psychiatrists to treat patients as the team best sees fit, and often lead to psychiatrists being compelled to prescribe pharmacological therapies even when psychological ones are more indicated to avoid deterioration during the huge waiting times - up to 6 months, but there are reports of over 2 years of waiting in some areas of Wales<sup>16</sup> - for appointments and access to specialist treatment. They can find themselves unable to discharge well patients due to lack of social housing support and with the shortage of beds, unable to admit those who need to be admitted. Psychiatrists can also find themselves with a heavy workload due to others retiring prematurely or leaving psychiatry as a specialty<sup>17</sup>,



doctors leaving or planning to move abroad to pursue better working conditions or since the result of the EU referendum, leaving a country that they feel no longer accepts them.<sup>18</sup>

Though the recent government initiative to improve “parity of esteem” aims to correct inequalities in standards of physical and mental healthcare provision, the gap between the funding of physical and mental health continues to widen<sup>19</sup> and it is still a far cry from an ideal system, or even one that is equal to its other medical counterparts. A general adult psychiatrist has to be courageous to work under these difficult circumstances. They must have courage to grit their teeth and bear through the obstacles that are repeatedly and insistently thrown their way. This does not however, mean that those who leave the profession or leave the NHS are less courageous for it, usually just that the forces that sought to crush their courage were stronger.

Psychiatry is also burdened with myths about the day to day realities of the profession that forms a barrier to prospective medical students and doctors. One of the most damning and hurtful is the accusation that psychiatry lacks evidence and its treatments are “unscientific”<sup>1</sup>. This is likely spurred by its treatments that are not pharmacological or surgical. Students and doctors likely receive little information about psychotherapy interventions like CBT and as such their understanding of it is likely to be nebulous unlike that of pharmacology in which they undergo rigorous training. There may also be inadequate exposure to psychiatry during medical school and foundation years and when this is coupled with only a few chances to see medication in action and the relief they bring to their patients, it may compound the view psychiatric patients are difficult to treat<sup>1</sup>. These views are hurtful to psychiatrists who value the scientific rigour in the speciality as much as any other doctor and know these assumptions to be

false. Psychiatric medication is not less efficacious than medication from other medical specialties<sup>20</sup> and there is good evidence that psychotherapy is very effective<sup>21</sup> but until that truth becomes mainstream, it is difficult to see an end to the stigma.

## **Conclusion**

In the life of a general adult psychiatrist, there is no shortage of challenges to overcome. There are no days when a psychiatrist can afford to cower in fear and no days when one can afford to strut with arrogance. If courage is the mean between the two then the good psychiatrist walks this fine line with grace and aplomb. In the current state of affairs, a general adult psychiatrist needs courage to survive the sea of misinformation, stigma, the occasional superciliousness of the rest of the medical community and the disappointingly persistent demand that they pay a penalty for the profession they have chosen to enter, regardless of its incalculable worth to society. However, every passing day, psychiatrists, mental health organisations and members of the public are paving the way for the profession to move forward with campaigns such as the five year plan and more recently Choose Psychiatry to increase entry (perhaps this is evidence to its positive effect<sup>22</sup>) to and inform members of the public about the specialty by The Royal Society of Psychiatry; celebrities speaking more openly about mental health issues<sup>23</sup> and more instances of accurate portrayal of mental health in the media<sup>24</sup> The future of psychiatry is bright and imminent and seems to be one in which a general adult psychiatrist does not have to be quite so courageous. It's about time.

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