

# Psychiatry's Part in The Fragmented Art of Human Healing

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## Shared Concerns

At one level we are lucky to be living in a culture and a time that concerns itself with the mental health of its fellow community members. Psychiatry is making major contributions to this, not least in the improved care of people in psychosis in recent decades. However, at another level, like their counterparts in other areas of medicine, many mental health professionals are concerned about the relative loss of support for the 'human' side of their work, seeing it as being undervalued against a backdrop of rushed services and increasing demand. Naturally there will be the corollary of this in our own and others' experiences when we become a patient. In fact, some of us would not be happy to see our loved ones treated the way we see our patients treated. This paper will look at some of the background to this and then offer some personal ideas and reflections, born mostly from my own clinical practice, where I seem sometimes to specialise in the 'hopeless cases' of people struggling to deal with problems that have often fallen into the gap between psychiatry and the rest of medicine.

## Working With The Consequences of a Western Health Model

Much has flowed naturally into psychiatry as part of the larger currents in Western Medicine. So we have Head Doctors and Body Doctors.

### 'Diagnosis': The Person as a Body

Biological psychiatry has in practice often meant that we produce Head Doctors with a Body Model of the Head. Perhaps this was born of our need for being accepted in a world that was being led and dominated by 'organic' medicine, and psychiatry then modelled itself on the body doctors as being the best 'valid' (scientific) way of 'doing' medicine. So we modelled psychiatry on the idea of 'diagnosis', but at least we hung on to the more important individualised formulation preceding the one-line diagnosis. Increasingly psychiatry is now focusing on 'real' mental illness, at the expense of the psychological, the personal, and the inner world of the individual who is suffering.

### Fixitology

As well as possibly encouraging this 'objectification' of people, another consequence of the 'Head As Body' model is the emphasis on 'Fixitology', and the more advanced branch of 'Quickfixitology'. Since you have a diagnosis of a 'disease' you need to be 'treated' (as with antibiotics for infections). So our research and advances must seek more precise 'cures' and faster, better aimed, magic bullets.

### Drugs

Drug emphasis then follows from the 'diagnosis-fix it' model as night follows day. If you are 'depressed' you will likely get an 'antidepressant' and join the other million people in the UK now on Prozac – we must all be so happy with that!

The drug excess brings its iatrogenesis of course, not to mention addiction. We now have addiction services which often then use 'drugs for drugs', 'treating' the 'disease' of addiction with new drugs.

### Inefficient 'Efficient' Systems

Certain system design consequences flow (or flaw) from this Western Model. How much time does it take to make a diagnosis of depression and choose an external

fix-it antidepressant? Answer: less time than non-drug methods of care. So we have an average of 9 minutes with the GP – the putative home of holism – and similarly ‘efficient’ time for the meeting with the psychiatrist. It must make us proud to think of all those ‘evidence based’ successful psychotropic prescriptions that follow. And since this ‘science’ of fix-it prescribing is algorithmically orientated, in principal it does not need a personal relationship with the prescriber, just the prescription. So, fragmentation fermented by different doctors flows. I have met psychiatric colleagues in the USA describing how under ‘managed care’ they are allowed 15 minutes for a return visit, and have to re-apply to be allowed to see someone beyond a small number of visits.

### **Neglect of Prevention**

Little thought or money is given to prevention. We just try harder to pick up the pieces once they fall apart. How much drug company goes into, say, nutrition as a variable of future brain development, and so a factor in mental health?

### **CAM**

Complementary and Alternative Medicine (CAM) has flourished in the vacuum of individualised care, sometimes to good effect, bringing fresh emphasis on the person’s own resources and self-management, but sometimes to bad effect, with a focus on new CAMfixitology.

### **Loss of the Whole Picture – Medical Orphans**

I would now like to focus on three areas – the questions of the personal spirit, the mindbody, and the self-healing responses.

It’s funny how the Head As Body Doctors have a fear of emotions, at least as something of a personal nature, with a personal meaning. We have orphaned emotions. You can’t ‘cure’ emotions - so let’s ignore them other than as epiphenomena and ‘markers’ of diagnoses. In fact we suppress feelings. Sad? Have a happy pill. Afraid? Have a calmness pill. Mad? Have a ‘sane’ pill. We silence the voices of feelings as we silence those voices we see as ‘psychotic’. Personal process may be present, but it can be seen as irrelevant. Get those neurotransmitters right and all will be well! We prescribe an ‘anti’-something. But where does what we silence go? I am not saying these drugs have no value or no place but I am saying we have ‘over valued ideas’ about them.

I have prescribed antipsychotic medication, yet I have seen success without its use. Some of the very best results, in fact, seem to follow not ‘curing’ (or what I think sometimes is suppressing) our inner world but listening, and forming dialogue and relationship with it.

There is a central scientific weakness in our model and this conceptual failure is disempowering us. The mind-body split is now untenable. Organic illness can be made more likely by inner world factors, and those factors (like levels of grief or shame or loneliness) can also be weights on the seesaw of recovery. Broken heartedness and broken spirits bring ‘organic’ consequences – but not just on the body. Get embarrassed and you blush. Get captured in your sadness and your brain can ‘blush’ or ‘blanch’ as your neurotransmitters alter. Psychoneuroimmunology (PNI) is starting to throw a bit of light on this.<sup>1</sup> Do a brain scan and you will see the blush. But does that make it ‘organic’? Take the recent placebo controlled trial of antidepressants where the responders *in both groups* showed brain scan changes. At 8 weeks placebo and antidepressant were proving equally effective but when the placebo responders were told that they were on a placebo, most then had a deterioration of their mood and ended up on ‘real’ medications.<sup>2</sup> I don’t have space here to explore the startling implications of this much further, but I will give references/links at the end to some other things I have written

about self-healing that may be of value.<sup>3,4,5</sup>

Psychiatry is responding. We have the charge of the Shining Knight of cognitive-behavioural therapy (CBT). This seems to be re-legitimising human contact and process in care to some extent, but only to some extent. Meantime the small troop of liaison psychiatrists gather to bridge the gap between Head Doctors and Body Doctors. Patients are looking on in interest, wondering what will do next.

### **Recalling Self-Healing**

As a consequence of our limited vision, we have lost sight of self-healing, and instead have created a relative disempowerment of our patients.<sup>3</sup> If they are 'infected' with a disease, they of course need 'treatment' by an expert. Instead of being helped by that expert to understand the situation, or to learn how to put it all in context and respond to the voice of the 'symptoms' as the sign of what needs healing, they are given the tablets. But so often this is just not necessary. I came to this in a stepwise manner. First I learned that more gentle CAM interventions seemed to work often as well as the orthodox versions. Then one day I stopped even the best of these, such as 'self-hypnosis', which explicitly relies on the patient's own power, and decided to start making my most common prescription 'No prescription'. I was amazed at some of the things that happened after the consultations.

Let me give you a recent example. Francis is in her 50's, and for 18 months was an inpatient in the local psychiatric unit where good care slowly nursed her back to function from a paralysing 'psychotic depression'. She was discharged 6 months ago and referred to me at that time to see if I could add anything to her progress. Over the 6 months that followed she made good further progress, although I am not sure that was anything to do with my consultation. Anyway, last month we met for a second time and during the consultation she told me how the main feature for the last year, of 'voices', was still persisting. The voice was male-like and told her she was responsible for the death of her daughter, which had preceded the onset of her depression '*You are a murderer, you made her hang herself, no one likes you, you deserve nothing*'. She explained that the psychiatrist had said the voices may go on forever, and he had referred her to a group to help her deal with these voices. We talked this over and in the middle of an atmospheric 'therapeutic consultation' (when 'the room disappears'.)<sup>5</sup> I told her the story of another patient of mine who had had a similar but worse psychosis and who fully recovered without drugs. That patient and I had come to understand her voices and the black liquid oozing from her body as a 'poem' expressing the feelings of dark guilt from the sexual abuse by her uncle. So to Francis I suggested we leave a door open to the possibility of change. The next day she came excitedly to see me. She told me that a couple of hours after that consultation she was out for dinner with a friend. Suddenly the voice said '*Can I speak to you? I need to apologise to you. I was wrong. You did not kill your daughter. And people do like you, and you do deserve to have a good life. And Dr. David is right, I won't always be with you.*' She has since written and explained that she is transformed and friends can't believe it. The 'voice' is still there, now supporting her and encouraging her. I would see this healing change as an example of a catalysed self-healing response.

### **Empowerment - Enablement**

People have an innate capacity for creative change. Healing seems to be like growth; it makes coherence and gathers fragmented elements back into one. We have an opportunity to act as a catalyst to this. Creativity and change and healing may all spring from the same well. For me the question is helped by framing it as 'What is A Healing Response?' then studying it directly and becoming expert in what facilitates it,

and what disrupts it. We can even get better at 'measuring' its emergence and the success or failure of our encounters and systems to support that emergence.<sup>6</sup> We can tackle how to teach it.<sup>7</sup>

This, however, may mean changing ourselves. We can reclaim our often-original goal we had on entering medicine, of being an agent of change or transformation with another person or community in his or her life. We need to study directly the healing arts, gathering understanding of the impact of ourselves and the context and transmitted meaning on the outcome of our care, and add these to the 'evidence' for the tools we use from our toolbox. Our diagnoses and our tools are there in the service of the real job. It is in some ways more profound, yet simpler, than the 'technical' skills we need to have and bring. Yes, maybe it does involve using our creativity more, and the art of using our right brains, but in essence I think we are just re-humanising our engagement with healing broken hearts, minds, bodies and spirits.

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