History of psychiatry in the curriculum? History is part of life and life is part of history: why psychiatrists need to understand it better

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The General Medical Council has introduced a generic professional capabilities framework. It includes the need to develop the professional values, actions and aspirations fundamental to becoming a ‘dedicated doctor’. The history of psychiatry has potential to facilitate this learning, both by an understanding of content and the ability to think historically.

In the light of ‘Shape of Training’, Professor David Greenaway’s report on medical education for the UK General Medical Council (GMC) (https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/shape-of-training-review), the Royal College of Psychiatrists (RCPsych) is reviewing its post-graduate curriculum. Shape of Training mandates a generic professional capabilities framework, beyond learning the technical aspects of medicine. It focusses on professional values, actions and aspirations, to help practitioners become ‘dedicated’ doctors. Dedication in work echoes generations-old concerns about the character of doctors: under Henry VIII, parliamentary discussions when founding the College of Physicians of London emphasised that doctors’ necessary qualities included ‘gravity, learning and discretion’. We argue that critical thinking about dilemmas in the past, and better understanding of our history, can spur us on to achieve the desired GMC professional attributes and improve psychiatric practice today.

History, policy and clinical psychiatric practice

Houston highlights the dangers of a limited understanding of the history of psychiatry. He identifies two aspects of what he labels as ‘pastism’. Positive pastism is that all was good, such as holistic ‘moral treatment’ in the early 18th century asylums. Negative pastism is ‘the notion that everything in the [psychiatric] past was “bad, weird, or confused”’, unscientific and lacking evidence, even when in keeping with the science of the times. Pastism-type generalisations do not do justice to the history of psychiatry.

The history of psychiatry is not an inevitable progression from bad to good. There were bad and even cruel practices, but others were exemplary. Modern problems in psychiatry are not solely a function of new difficulties, often being revisitations of old problems, for which studying their history can inform current debate, albeit without providing solutions. Scandals of abuse of vulnerable people recur, and good practices from the past have been lost, such as holistic mental health teams for older people. The recent opioid crisis has confirmed that epidemics of iatrogenic harm are neither restricted to history, nor limited to psychiatry. Through better understanding of our collective professional history, we may be able to develop our value systems, improve the services we provide and help safeguard against future harmful practice.

The College and external organisations, including the BBC and other national media, have sought advice from the History of Psychiatry Special Interest Group (HoPSig) on historical aspects of psychiatry. Providing accurate information and insights into past practice can influence public perceptions of psychiatry today. The College has recently appointed a Historian in Residence, who takes a lead on these requests. A recent College request to HoPSig concerned the eponymous use of the name of Hans Asperger. Asperger worked as a paediatrician in Vienna and published his research on autistic psychopathy during the Nazi era. Recent historical research has established that he directly referred children to his close colleagues in charge of the wards that functioned as part of the child euthanasia programme, in the enactment of the Nazi legal, medical and political ideology of ending ‘life unworthy of life’. Engagement with the historical background to the Asperger eponym, in the context of clinical teaching about intellectual disability, would provide opportunities to consider the meaning of being a dedicated doctor. How would we have responded in Asperger’s situation, and how might we respond if faced by an ideologically powerful but abusive regime in the future? Discussion within the RCPsych about Asperger has pointed to the need for training in the ethics of psychiatric practice: historians can contribute to that process, alongside others.

Ideologies within mental health may be forces for better, for worse or both. They may arise from society and its politics, within...
Learning the history of psychiatry

The syllabus for the Membership of the College (MRCPsych) includes facts about historical roots of psychotherapeutic approaches, psychopharmacology and theories of human development. Facts provide a simplistic chronology of what happened when, rather than arguing the more important and contextualised questions of 'how' and 'why'. Lectures given on MRCPsych courses rarely mention more than the chronologies, but a grasp of appropriate methodology alongside the facts is vital to critical analysis of historical evidence, just as it is for evaluating scientific data. University history of medicine and medical humanities departments already work with undergraduate medical schools. They offer rich learning opportunities about the broad history of psychiatry and its value to practice, often using creative writing and visual art activities based on historical documents and artefacts, to enhance empathy by better understanding patients’ cultural perspectives. Change Minds in Norwich (http://changeminds.org.uk/) and Whittingham Lives in Preston (http://whittinghamlives.org.uk/) have both utilised former mental hospital archives to engage local people with historically based creative activities. Similar models could provide ways forward for psychiatric education.

In our experience, trainee psychiatrists are more likely to engage positively with historical material and associated ethical or other issues when these are presented as part of an interdisciplinary approach to the medical humanities and integrated into learning about clinical disorders. We advocate that psychiatrists encounter historically determined and still widely prevalent societal attitudes and perils. Learning about history reflects and respects the diverse backgrounds of psychiatrists, their colleagues and patients, and is underpinned by GMC and College values. Our practices today will be determined and still widely prevalent societal attitudes and perils.

Historical understanding of how and why cultural negativity has been transmitted through the generations can help inform discussion about how to tackle ongoing or recurrent problems.

Current issues that challenge psychiatrists include social vicissitudes and service deficits such as bed shortages and restricted access to treatment. These are not new, but have historical foundations. Understanding their history can induce us to act at health service management, College (or other professional representative body) or government levels. These points apply beyond the Western world. Global efforts to provide treatment for people with mental disorders have frequently had historical links with European colonialism. Psychiatry in the UK has also been the recipient of international influences, notably in the late 19th and early 20th centuries from German-speaking schools of psychiatry and related disciplines – Emil Kraepelin, Alois Alzheimer, Eugen Bleuler and Sigmund Freud, to name but a few – some of whom have left us a mixed legacy.

History can inform us about past policy decision-making and implementation, which may have relevance to how we formulate future strategies. The ‘history and policy’ model is exemplified by the peer-reviewed journal of the same name. History and Policy has become the first port of call for many civil servants, wanting to understand the implications of history for social, economic and political issues today (http://www.csap.cam.ac.uk/organisations/history-policy/). A cycle of repeated executive failures and underfunding has undermined the goal of achieving parity of esteem for people with chronic severe mental disorders. In the past, many such patients were consigned to the wildernesses of underfunded long-stay wards, and more recently, to the social isolation of community care. Psychiatrists need to continue to advocate for parity for their patients. Historical analysis can provide evidence of causes, continuities and discontinuities in the history of our services, the knotty history of funding interwoven with stigma and ideological bias, and may help to challenge discriminatory funding.

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First received 15 Dec 2019, final revision 3 Mar 2020, accepted 6 Mar 2020

Declarations of interest

All authors are members of the executive committee of the History of Psychiatry Special Interest Group at the Royal College of Psychiatry. G.A. is Honorary Secretary of Whittingham Lives Association, a funded UK Heritage Project. He has no pecuniary interest in Whittingham Lives Association and has not received any financial remuneration, other than travel expenses. His co-authors have no other interests to declare.

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