Psychiatry and its stigma

DEAR SIRS

I was recently in Washington DC where I attended the 139th Annual Meeting of the American Psychiatric Association (APA). I was greatly influenced by the amount of effort being invested by the APA into a campaign to reduce the stigma associated with mental illness and the prejudice shown by society in general and the rest of the medical profession in particular toward psychiatrists. The incoming president, Dr Robert O. Pasnau MD, stressed that, aside from the problems of medical liability, the new DSM IIIIR, and the allocation of a reasonable Federal budget toward mental illness, he regarded the question of the stigma of psychiatry as a priority issue. The allocation of two full symposia on this topic together with a major lecture by Jack Hinkley (founder of the American Mental Health Fund following the shooting of President Reagan by his son) reflected this concern. An impressive array of weaponry has been assembled in the APA's armamentarium to combat this problem. A major publicity campaign will soon be mounted on radio and national network TV, aiming to de-mystify mental illness. The securing of a 9½ million dollar aid package from the US Advertising Council adds considerable financial weight to this programme, which is backed up by a subsidiary campaign on 'depression and its ART—awareness, recognition and treatment'. Congressmen, media personalities, prominent public figures and professional marketeers have all been recruited to help. The National Association of the Mentally Ill and the American Medical Health Fund have promised support. The birth of the National Association for Depression and manic-depressive illness on Capitol Hill while all this was being discussed in the conference added weight to the APA's argument.

Finally, and perhaps most important of all, the APA is planning a physician's awareness campaign to try and alter the way our colleagues in other specialties regard psychiatrists. The message is simple. The stigma attached to psychiatry has hindered effective psychiatric care and caused anguish to American psychiatrists for too long, and the APA has determined to try and rectify the situation. Whilst some of their tactics may not be applicable to the UK (although professional marketing consultants are now employed by all three major political parties), the basic need for action on this issue clearly is, and I would hope that in due course the Royal College of Psychiatrists would generate its own initiative. It is high time that the remark 'You're the only sane psychiatrist I know'1 became an echo from the past.

DEAR SIRS

I was very interested to read Carola Mathers' article in the recent Bulletin1 and agree with her that 'as psychiatrists we need to keep open minds as to what constitutes scientific activity' and also, 'that to consider levels of explanation unfamiliar to us as being non-science... is to impoverish our understanding...'.

1FINK, Paul J. (1984) You are the only sane psychiatrist I know. Journal of the American Medical Association, 5, 611.

The reader will be familiar with Jaspers' claim2 that psychoanalysis is a discipline using empathetic understanding which mistakes itself to be a causal science similar to the natural sciences. I want to propose here (by-passing a more fundamental critique of Bhaskar's theory of science which would be better left to a philosopher) that Bhaskar's 'transcendental realism'3 leads to a rather similar conclusion: Bhaskar argues that causal explanations are equally applicable in the natural as in the human sciences. The fundamental difference between the two lies in the way the 'generative mechanisms' are being identified: while in the natural sciences these mechanisms can be directly observed or experienced by their effects (like in the case of a magnetic or gravitational field), in the human sciences they have to be identified by an hermeneutic analysis. Whether conscious (or unconscious) reasons are causally effective or mere rationalisations, or even pretended, can only be determined by comparing the given reason with its situational context, the history and personality of the subject, and in negotiation with him or her. In this process of empathetic understanding as described by Jaspers,4 the particular reason is illuminated by its situational and psychological context—in