The Impact of Biology on Modern Psychiatry

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Proceedings of a Symposium Honoring the 80th Anniversary of the Jerusalem Mental Health Center Ezrath Nashim held in Jerusalem, Israel, December 9—10, 1975

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Jerusalem
(Drawing by Paul B. Ruttkay)

Introduction

The Jerusalem Mental Health Center - Ezrath Nashim was founded in 1895 as a voluntary effort by a charitable women's society to provide a refuge for the homeless and incurably ill of Jerusalem. Gradually it evolved into a psychiatric hospital, but the outlook was still based on providing custodial care for the most hopeless of all people, the incurably insane. As with mental hospitals all over the world, this perspective has changed dramatically over the past two decades, largely because of the development of effective psychopharmacologic treatments for the major psychiatric illnesses. In the case of Ezrath Nashim, these decades have coincided with a period of national rebuilding and rejuvenation, so that this 80th anniversary symposium is taking place in a most modern institution whose role in psychiatry in Israel and in the world has become an important one. If this were the 8th anniversary instead of the 80th, the entire institution would be found in two small rooms within the walls of the Old City.

It is a tribute to the founders and philanthrophic supporters of this institution that even under the most adverse of circumstances, this hospital has maintained a devotion to the goals of excellence and progress in psychiatry. Recognizing the opportunity offered by the new biological and pharmacologic advances in psychiatry, Ezrath Nashim has in the past few years radically expanded the range and comprehensiveness of the services it offers, and also established the first research laboratories and clinical research facility in psychiatry in Israel. By their presence here, the participants in this symposium are giving recognition to the fruitfulness of these efforts to participate in and to contribute to the progress of the biological advances in modern psychiatry. The most important events in the development of biological research in psychiatry were the dicoveries of the effectiveness of certain drugs in the treatment of the two major psychotic disorders - schizophrenia and the manic-depressive psychoses. Interestingly enough, the introduction of these drugs came from clinical observations by nonpsychiatrists and not by planned studies. Only now, two decades after the introduction of these drugs, are scientists

beginning to understand their action, as will be brought out in this symposium.

During this same period another development took place in psychiatry, namely, social and community psychiatry, interpreted by some, incorrectly, in my opinion, as the antitheses of the biological approach. The whole area of the delivery of mental health services, which quickly became more of a political and social issue than a medical one, led to confusion, disillusionment, despair, and also soul-searching by psychiatrists and other mental health professionals. The remarkable Pablo Picasso said, "the development of photography freed the artist to express his own creativity." I have paraphrased Picasso's insightful remark, namely, "the development of biology and social and community psychiatry should free the psychiatrist to express his own creativity as a physician." It should allow him to regain his basic medical identity. As his medical identity becomes paramount, then the pejorative classification of psychiatrists into those "organically-oriented" and those "dynamically-oriented" will no longer be valid. The psychiatrist, like his medical colleague, must be concerned with the psychological, psychosocial, biological, and technical aspects of psychiatry.

The strengthening and development of the medical identity of the psychiatrist imposes increased responsibilities on him and on psychiatry as a medical discipline. On the one hand, he will have to become more of a neuro-bi[illegible]gist and, on the other, more of a behavioral scientist. He will also have to continue his expertise in psycho-dynamics, regardless of whether or not he limits his practice to psychotherapy. The psychiatrist's diagnostic skills will have to be sharpened. Because of the advances in the biological areas of psychiatry, he must not be permitted to throw out the baby with the bath-water by eliminating the role of psychological and psychosocial determinates in the major psychiatric disorders. He will have to become more involved with the psychological aspects of medicine, which involves not only psychosomatic but also somatic-psychological factors.

Our task would be easier if we would accept the fact that the so-called problems of living, which include much of the neuroses, personality disorders and behavioral problems of children and adults, should not be the primary concern of the psychiatrist but of his mental health colleagues and associates. The primary concern of the psychiatrist would then be the psychoses, the psychosomatic disorders, the consultation and liaison services in general hospitals and psychiatric hospitals, and in basic and clinical research. In the community mental health centers the psychiatrist will function as a supervisor, a consultant, a diagnostician, but not necessarily as the administrator or executive officer, although he must play

an important role in decision and policy making and standard setting.

For advances to continue through the study of brain and behavior, it will be most important to strengthen the ties between the clinic and the research laboratory. Despite all the advances in biology, clinical observations have and will continue to have their place in medicine and a proper flow of information between the wards of the hospital and the research laboratories will enrich as well as enlighten both the clinician and the investigator. This is why we are sponsoring this symposium, to have Israeli psychiatrists sit next to basic scientists, and to present as models those clinicians who have made a synthesis between the clinical and biological. And this is why, in our own research division, the laboratories and the wards are fully intergrated.

A warning is in order. The temptation will be to pursue the reductionistic view that the study of the brain itself will be sufficient to solve the riddle of behavior and its relation to disease. Nothing could be more sterile. As important as the contributions of the basic scientists are, the clinician must not underestimate the opportunities of his unique role. It is he who has the widest access to the life history, the trials and tribulations, the successes and triumphs, the losses and tragedies, and the whole developmental span of the life of many human beings. It is also he who must be ever aware of what Arthur Mirsky's called the "3 P's", namely, predisposition, precipitation and perpetuation, in approaching and understanding his patients. In the final analysis, it is the clinical psychiatrist together with his laboratory-oriented colleague who will make the impact of biology a progressive force in psychiatry.

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