

Psychiatry?
Everyone is right – but not for long

– Letter to the *Guardian*

David Zigmond

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Psychiatry and physical medicine are often contiguous, sometimes continuous. This is subtle and precarious, for careless conflation can be harmful: we need vigilant discernment to prevent this

.Will Self has done us all a service by provoking an interesting and telling correspondence ('Psychiatry, drugs and mental healthcare's future', (*Guardian* letters 8.8.13). What is demonstrated is that Psychiatry is like its erstwhile Rorschach (inkblot) projective tests: it can plausibly represent – even 'justify' – almost any of our fears, hopes, explanatory notions, preoccupations or prejudices. We can easily people it, too, with heroes and villains.

Yet if we heed certain distinctions we can avoid much confusion. For the territory and predicaments of psychiatry are often different from prevailing physical medicine. Psychiatry engages a protean realm of *dis-ease*, whereas much of medicine is more stably anchored to a solid world of *disease*. Dis-ease – our more undifferentiated human ailments – contains much that cannot be satisfactorily objectified or measured, as well as offering us endless puzzles of coexistent contradictions: these are due to the fact that our dis-ease is often a pre-verbal signalling system to ourselves and others that all is not well, that we are disequibrated.

Both kinds of veterans – the Psychiatrist (Professor David Goldberg) and patient (Trish Oliver) – write with convincing sense of the massive blessings of psychiatric medication applied when dis-ease is so great that it is not just contiguous to, but seems continuous with, disease: this is 'major mental illness' and its designation is often problematic because this must rely mostly on human experience and judgement. Unlike physical medicine, attempts at objective testing of dis-ease often turn out to be more flawed than useful.

Most of us seeking help with substantial psychological distress do not have such major mental illness and require not didactically structured treatments but dialogically evocative forms of containment and healing. The former (treatments) may be accessible to standardisation, measurement and mass-production, the latter (healings) generally cannot.

Why is all this important? Because it leads to a predicament for current NHS Healthcare whose increasingly industrial, measurement-fuelled ethos will tend to favour the prescriptive treatment interventions appropriate to cure disease, rather than the imaginatively attuned healing encounters that may

help us transcend dis-ease. This accounts for an increasing, sometimes tragic, discrepancy: as our technical treatments get better, our personal care gets lost. This is reflected in many of our recent grotesque headlines of institutional neglect and abuse. The over-prescription of psychoactive drugs is a commoner example, less dramatic but still important. Such skewed professional activity is often telling us that we are losing our best balance between the science of manipulation and the art of understanding. Yes, prescriptive and designatory Psychiatry can provide great benefits, but its limits always need artful and humane discernment.

Good healthcare is a humanity guided by science. That humanity is an art and an ethos. Any wisdom we can bring to bear will be in the blending and balancing of these: the constitution of such wisdom must always extend beyond our formulae.

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