UNDERGRADUATE AND POSTGRADUATE PSYCHIATRIC EDUCATION*

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Francis Bacon and Socrates said long ago what I wish to say today, and my paper is a paraphrase, in contemporary language, of this passage from *The Advancement of Learning:*

> 'And if any man . . . do conceive that this suffering of the mind from the body either question the immortality or derogate from the sovereignty of the soul, he may be taught in easy instances that the infant in the mother's womb is compatible with the mother and yet separable; and the most absolute monarch is sometimes led by his servants and yet without subjection. As for the reciprocal knowledge, which is the operation of the conceits and passions of the mind upon the body, we see all wise physicians, in their prescriptions of their regimens to their patients, do ever consider *accidentia animi* (mental circumstances) as of great force to further or hinder remedies or recoveries; and more especially it is an inquiry of great depth and worth concerning imagination, how and how far it altered the body proper. . . The inquisition of this part is of great use, though it needeth, as Socrates said, "a Delian diver", being difficult and profound.'

Because of the magnitude of the problem of mental disease, the large sums of public money spent on the cure or consequences of mental illnesses, and the misery and suffering they cause, we, medical educators, must train more and more 'Delian divers', however difficult and profound it might prove to be.

To use Dr. Dickel's words (though I am aware that I am quoting him out of context), psychiatry is at one and the same time both a specialty and a 'special way', and these two facets should always be borne in mind in teaching undergraduates. But this is not all. There is a third factor to be considered, namely the immaturity of the average medical student. Besides increasing factual knowledge, what he learns in psychology and psychiatry lectures will affect his personality. With these lectures will come an awareness of self, essential to maturation. A side-product of instruction in psychiatry should be an easier adaptation to the medical way of life. Any adolescent is beset by many problems, but the medical student's problems are rather more severe than those of many others, for the nature of the profession he has chosen forces, in hot-house fashion, his rate of maturation.

It may be that this acceleration will cause some to seek psychiatric treatment, and the Department should be willing to provide it. This is recognized in England and America. In English medical schools the tutor might recommend that an over-anxious student seek help. In some medical schools in America members of staff are appointed as student counsellors. In others it is understood that any staff member will help a student in difficulty. But because it is known that growing pains are sharply felt during the undergraduate years, American opinion has it that psychiatry should be taught during the preclinical period as well as during the clinical period. Certain it is that psychiatry should be taught over a number of years, and not crowded into one course. There are other reasons, too, why this is desirable.

Nineteenth century discoveries stressed the importance of the laboratory in medicine, and medical school curricula were adapted to conform to this view. Greater emphasis was placed upon the teaching of the basic medical sciences, and more and more people became research workers, rather than medical practitioners—so much so that the family doctor of Victorian times no longer exists. The community misses him, for he acquired, during years of practice, an unrivalled knowledge of the impact of sociological and psychological factors on bodily disease. Within the last 20 or 30 years psychosomatic medicine

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has come into its own again, but medical schools are only now adjusting the balance between instruction in laboratory and psychological medicine. No criticism is here implied. Medical educators, try as they may, cannot always foresee future developments, and it is inevitable that in many cases medical education should follow medical discoveries.

Knowledge of Human Nature

The doctor no longer has the opportunity of gaining psychological and sociological insight through the practice of medicine in the way that the family doctor did. Yet today, just as much as in the days of Bacon, the intricate interaction of mind upon body and body upon mind is an inescapable medical fact, and somehow and at some time doctors must have the opportunity of acquiring this sociological and psychological knowledge. It is being felt that psychology and sociology should be taught in the early years of medical training.

In America, where students take a pre-medical degree, the criticism has been made that insufficient emphasis is placed upon the behavioural sciences and that pre-medical students concentrate on the biological ones. Any doctor would find instruction in sociology, psychology, anthropology, ethnology, statistics, or comparative religion of great value, but is it possible to include all these in an already over-crowded curriculum?

Medical students are not likely to have a great knowledge of all sorts and conditions of men, for in South Africa, at any rate, medical students (or most of them) have similar social backgrounds. Their attention should be drawn to the fact that other people live and think differently from the way they do, and their courses in psychiatry can show them this. In a number of schools in America medical students accompany social workers on their rounds, are given lectures by the almoner, or are assigned a special family of which they have to make a detailed study.

Psychiatry is undoubtedly a 'special way' as well as a specialty and it can be called the codification of what used to be known as 'the art of medicine'. Through it students will gain knowledge of the physician-patient relationship, and in particular of the difficult art of the interview (though closed-circuit television has made even this easier to be taught!). Psychiatric techniques will prove useful in work that the student does in other wards, and, conversely, experience gained in handling medical and surgical patients will deepen his psychiatric knowledge. Psychiatry, when it deals with disorders of the nervous system, is a discipline on its own and should be so taught, but psychological medicine is inter-disciplinary—a thread running through all branches of medicine. For this reason psychiatry should be taught in all years, separately and in conjunction with other subjects—medicine, surgery, gynaecology, paediatrics, rehabilitation, and preventive medicine.

New Approaches

An interesting development in the teaching of undergraduates in psychotherapy is reported by Lester and others from the University of Oklahoma. The traditional block system of clinical outpatient teaching is substituted by a new longitudinal one, so that students can follow individual patients for weeks or months. The patient, once assigned to a student, is followed by this student through the various clinics, regardless of his ailment. Each student spends one full day a week in the Department of Psychiatry. In the afternoon he interviews a patient whom he has already seen and studied in some of the other clinics. He sees the patient for 50 minutes and then, for the next hour, discusses his findings with a member of the staff. The results are very good, for the students learn a great deal about the life-situations of their patients and in addition they gain experience of the physician-patient relationship. It makes them realize, too, that psychotherapy is often a long and wearisome process.

That disproportionate emphasis may in the past have been given to the basic medical sciences at the undergraduate level, is seen when we read of the popularity of courses sponsored by the American Medical Association Council on Mental Health. These are postgraduate courses in psychiatry designed, not for intending psychiatrists, but for physicians who have been in practice for several years and who have not had specialized psychiatric training. Eighty-five per cent of physicians attending such a course held in Brooklyn had graduated before 1940. Most physicians take these courses because they have come to the conclusion that psychiatric methods would help them in their day-to-day practice and because they wish to gain further insight into physician-patient relationships, particularly in regard to transference.

In parts of the United States psychiatric instruction is given to physicians as part of a mental health programme. This takes various forms—lectures, institutes, workshops. In Maryland, Washington, and Oregon, psychiatrists attached to State hospitals advise doctors in matters pertaining to the welfare of patients discharged from State hospitals.

Although the aforementioned instruction is given to medical graduates, strictly speaking postgraduate psychiatric education is designed for those who have decided to make psychiatry their career. Those drawn to the specialty will probably be very interested in people and their problems and, compared with other medical graduates, will have a heightened perception of the thought processes of other people.

Others might be attracted to psychiatry because of their own unresolved emotional conflicts. If they find salvation this way they will probably be very good psychiatrists. Perhaps even if they do not they will still be good, for who can honestly say that he has no unresolved emotional conflicts? They must, however, have sufficient self-awareness to understand dispassionately the nature of their problems. If their interest in psychiatry is wholly narcissistic, it would be better for them not to handle patients, for even in psychiatry, that specialty concerned more than any other with the patient as an individual, there is room for the backroom boy—the research worker.

Postgraduate Teaching

The postgraduate student should have other qualities. He should be capable of abstract thought. He should have great linguistic ability, for not only should he be

able to translate given situations into appropriate psychiatric terms in order to facilitate the solution of the problem posed, but he must also know when too facile an interpretation will hinder a solution. He must realize the difficulty most people have in putting their feelings into words, and he must be able to comprehend speech that is garbled, apparently contradictory and highly allusory. He must be eloquent himself and truly interested and well-informed in a large number of widely-differing non-medical subjects. He should have a knowledge of comparative religion, everything from atheism to zen. A knowledge of anthropology would be useful, especially in South Africa where there is so much scope for transcultural research. If he is interested in industrial psychiatry, he should know as much as possible of every branch of sociology. He should have many of the attributes of a good novelist—in fact, if he only had the time he could most probably combine the two professions—though it would be just as well for the psychiatrist-novelist to control his imagination in the consulting room.

The postgraduate student of psychiatry is, however, like every other medical postgraduate student, a trained scientist. At the postgraduate level he must study biochemistry, neuroanatomy, neurophysiology, psychopharmacology and genetics. He should, in addition, do a course in forensic medicine and should have a knowledge of court procedure and of the law as it affects the mentally disordered. Any postgraduate student in the faculties of science, medicine and engineering should know something about statistics. There is no end to it. Any talent he possesses, be it literary, artistic, musical, mechanical, agricultural, horticultural or just plain practical can be used to make him a better psychiatrist.

While acquiring all these skills, he must work with patients. An appointment at a mental hospital gives experience with psychotics which cannot be obtained anywhere else. An appointment in the department of psychiatry in a general hospital (and where one exists, in a neuropsychiatric hospital) gives insight into the sociological factors underlying disease and valuable experience in psychosomatic medicine. Experience should be gained in one or both institutions of this kind, but visits should be made to more specialized institutions, e.g. homes for alcoholics and for juvenile delinquents, and children's hospitals. As in the teaching of psychiatry to undergraduate students, psychiatry should be integrated with work done in other hospital departments.

The term 'postgraduate psychiatric education' is a misnomer, for it is too narrow. I more than agree with the title of the proceedings of the Second World Conference on Medical Education—psychiatry, like medicine, is a lifelong study. The question that arises from this is: How much of this education can the university or medical school provide? Clearly, a great deal must be self-education. What remains more than fills any medical course. Should it then be obligatory for a psychiatrist to hold other degrees besides medical and scientific ones? Should all medical students have a pre-medical degree? I believe that while it is highly desirable, and that every encouragement be given to anyone who wishes to study for one, it should not be compulsory. A medical education is, of necessity, a long one. Students cannot be prepared for every eventuality that may arise; they can merely be provided with indications of how given problems could be tackled. The medical school and the university should provide the intellectual stimulation necessary for the development of the student at the appropriate times in his career. The training of present-day 'Delian divers' is indeed difficult and profound.

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