Editorial

Social Psychiatry: (Part I)

The current status of psychiatry is that it is a three fold science, namely, biological, psychological and social. Biological psychiatry is dominating the field of research since psychopharmachology has revolutionalized the treatment in psychiatry and rendered psychoanalysis a mere historical past experience. Critics declare that psychoanalysis is doomed to extinction, that it will die away in a medical world that is fascinated with the new "biologism", and its promise of a "quick fix" for the ailments of humanity.

However, other psychotherapeutic modalities including individual, group and behaviour psychotherapies are favourably contributing to the care of the mentally ill and the well-being of society.

Social psychiatry emerged in response to societal problems during a revolutionary era 200 years ago, so today, its vitality will depend on how well it meers the challenges of the cultural revolution that is taking place throughout the world in our current, politically stormy era as the new postmodern age succeeds the modern.

Psychiatry, which was mainly social psychiatry, came to life as a medical speciality towards the end of the 18th century when the ideals expressed by Rousseau, Jefferson, and Schiller, and the sentiments "liberty, equality and fraternity" galvanized the Western World. Politically, the social order was shaken by the American and French Revolutions that marked the rise of democracy. And economically, industrialization and the factory system began the transformations that changed society during the 19th century. (Schwab, 1994).

At the end of the 19th century, the growth of psychiatry with the work of kraepelin, Freud, and Bleuler included scruting of the social environment and its relationships with the cause, course, and cure of mental illness. In the early part of the 20th century, in Vienna, Alfred Adler and, in the USA, Adolf Meyer, stand out as this century 's leaders in social psychiatry. Adler (1970) deplored the discrepancy between the scientific and the social aspects of medicine, and emphasized the social factor in neurosis. He pointed to the need for physicians to recognize the importance of lifestyle in mental health and illness and to assume educational roles, especially for the loving care and guidance for children.

Adolf Meyer (1948) emphasized the "commonsense psychiatry" needed in "the function and life of the people". He urged all mental health workers to work closely with the families of both the ill and the well. Meyer saw medicine and sociology as interdependent and insisted that both "must make the community their central concern".

Engel's biopsychosocial model of health and illness (1977) that is based on general living systems theory and was developed largely from the principles and accomplishments of social psychiatry, especially the results of community studies.

The emphasis in social psychiatry on epidemiology and its public health orientation that have supplied a balance to physicians' traditional individualistic approaches to patients is an important contribution which have enriched both the

theory and practice of medicine as well as psychiatry. Ewalt (1971) stated: Epideilogy reminds us that no man is sufficient unto himself, that mental illness-perhaps more so than any other scourge of humanity-is a by-product of man's social existence in a complex environment of his own making.

Still other contributions are the social psychiatric concerns intrinsic to marital and family therapies. Also, studies of group dynamics and the community, as well as the individual's lifestyle and interpersonal relations, have led to group therapies for heart patients and cancer patients.

Definition of Social Psychiatry, and its Scope.

Schwab (1979) offered a definition of social psychiatry as the theory and practice of psychiatry that is oriented humanistically toward the human being's interactions and relationships with others, the community, our institutions, and the state. The research, diagnostic, and therapeutic approaches are those of psychiatry and related disciplines, including the social sciences, and often are carried out in conjunction with other mental health workers. The purpose is to provide skilled remedial care to the mentally ill and their families and to develop programs for rehabilitation of the ill, the prevention of mental illness and the maintenance of health, and to promote societal well-being.

The scope of social psychiatry encompasses six major areas:

-The influence of family, community, the wider society, and internarional events on the cause and course of mental illness;

-Cultural influences on the definition, manifestations, and treatment of illness;

-Social and cultural influences on modes of treatment and rehabilitation, including community and both local and distant governement influences;-attitudes toward the mentally ill, stigma and social control;

-Attention to psychic epidemics, sick systems, and, possibly, a sick society;

-Prevention of mental illness and the maintenance of mental health.

A scientific foundation for social psychiatry can be built on the results of studies during the past 200 years that serve as the nucleus for an expanded scientific foundation for the field. Thus, mental disorders are found universaly although their frequency varies from culture to culture and their manifestations are tinted by specific cultural customs and beliefs. (Eaton et. al. 1955). Mental illness is more common in the lower than other socioeconomic strata in Western Society, except in Sweden (Essen-Moller, 1956). Social causation is more important than social selection for depression in women and for antisocial personality and substance use disorders in men, whereas social selection may be more important for schizophrenia, (Dohrenwend, 1992). Lower social class patients receive different treatments than those in the middle or upper classes. (Hollingshead et al., 1958). Large numbers of the mentally ill are never identified, never receive treatment, and are homeless (Halliday, 1828), Carter 1990). Adverse life experiences and stressors are definitely, but not consistently, related to increased risk for mental illness. (Ilfeld, 1977, Katschnig, 1986). Studies of epidemics show that mental illnesses can be transmitted by contagion.(Hecker, 1844 and Markush, 1974).

Social and cultural disintegration are associated with increased mental illness, and the vitality and stability of the community are directly related to the health of its

inhabitants, and treatment and prevention depend on community integrity and support. (Leighton, 1960). Concerns about increasing mental illness and the outbreak of psychic epidemics that were faced by early social psychiatrists confront us today. In the USA, the one-year prevalence rates for mental illness and /or substance abuse are now almost 30% (Kessler et al., 1994), one-third higher than reported 10 years ago by the Epidemiologic Catchment Area study in the early 1980s. Such high, rising rates ignite two fears; one, is the deleterious influences of community disintegration and other adverse social processes on individuals' mental health; the other fear is that the low age of onset of depression and the rising prevalence rates reported within the past few years, indicate that we are entering a "new age of melancholy", (Klerman, 1988).

Already, in the USA, sexual abuse, family violence, and multiple personality disorder are epidemic. AIDS has become a pandemic and, at this time, should be a foremost concern of social psyciatrists around the world.

In conclusion, when we look toward the future, we can see a horizon crowded with problems and challenges. The future of social psychiatry and its ability to make significant contributions to society require enunciation of its interests and activities.

To achieve this goal, the development of a social psychiatry curriculum for students in medicine, psychology, social work, allied health disciplines, and the other social and behavioral sciences, and the publication of a journal to add to knowledge in the field and serve as a voice for social psychiatric interests and activities. The longer-term goals are for social psychiatric research to uncover salutary as well as deleterious social processes. Biological psychiatry can do little more than supply medications that palliate the stress of persons suffering from information overload or the distress of those with disorders of identity or lack of integration, the many with the borderline or dissociative syndromes (including multiple personality disorder) which all too tragically symbolize the problems of our era. Thus, we need to look toward finding improved and innovative treatments and preventions that can help individuals, enhance family life, and assist others' efforts to stabilize communities and renovate the institutions fundamental to social well-being. Our look at the past provides reasons for optimism. It has shown us some of the major accomplishments made by social psychiatrists and can inspire us to rekindle enthusiasm for social psychiatry and the work needed to improve the mental health and well-being of individuals, families, and communities, (Schwab, 1994).

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