



# Beyond Here and Now: Teaching Residents the History of Psychiatry

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## Abstract

Among physicians, psychiatrists are particularly focused on obtaining and contextualizing each patient's history. Given an appropriate setting, psychiatry residents may be interested in learning their chosen profession's history. A pilot project to teach the history of psychiatry to residents at the University of Washington psychiatry residency program is described. It is hypothesized that physicians who study the history of psychiatry will have a richer understanding of current psychiatric practice.

## Introduction

Prior to this century, medical training routinely included study of the humanities. In fact, Doctors attended college because they wanted to be, and wanted to be viewed as "gentle" persons. The knowledge and skills acquired by liberal studies—so the ideal went—would automatically improve the general capabilities of any physician.<sup>1</sup>

However, the dramatic rise in medical knowledge in this century resulted in a displacement of the humanities from the medical curriculum. The result has been termed the "intellectual quarantine of American medicine," i.e., the walling off of academic medicine from the rest of the university.<sup>2</sup>

Psychiatry has not been spared this isolation from its roots in the humanities. Gary Tucker has argued that excessive emphasis on DSM in residency training has resulted in having "lost the patient and his or her story" and that "the strict focus on diagnosis has made psychiatry boring."<sup>3</sup> In other words, the context for psychiatric practice has been lost, or at least minimized.

Teaching the history of psychiatry to residents may be a way to re-contextualize psychiatric practice and make it less boring.

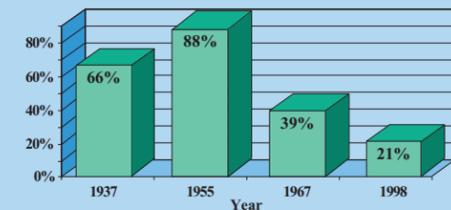
## Background

A number of authors have described history of medicine curricula for undergraduates, medical students or graduate students. These have included elective courses,<sup>4,5,6</sup> required courses distinct from the basic sciences curriculum,<sup>7,8,9,10</sup> and courses integrated into the rest of the medical curriculum.<sup>11</sup> Some courses include topics in psychiatry or behavioral medicine.

These authors offer a number of reasons why history of medicine should be taught:

- to demonstrate that medical knowledge changes and is a function of historical time and place;<sup>6,12</sup>
- to increase skepticism about current medical theory and practice;<sup>4,11,12</sup>
- to show that medicine is a "fundamentally social enterprise;"<sup>14,6,12,13</sup>
- to socialize medical students into the profession;<sup>4,14</sup> and,
- because the history of medicine is intrinsically interesting.<sup>15</sup>

Nevertheless, the number of medical students exposed to the history of medicine has decreased over the last 50 years (see Figure 1.)



**Figure 1.** Prevalence of history courses taught at U.S. medical schools.<sup>2,14</sup>

While there is a fairly voluminous literature on teaching the history of medicine to medical students, a literature search revealed not one article about teaching residents the history of psychiatry. This is curious, since it is a program requirement for residency education in psychiatry that the didactic curriculum include "the history of psychiatry and its relationship to the evolution of modern medicine."

And yet, the field of psychiatric history has grown dramatically. Historical analyses have become increasingly sophisticated, and have moved away from "Great Man" history and toward "social histories" that account for economic, political and cultural factors.<sup>16</sup>

I chose to develop the History of Psychiatry Seminar for psychiatry residents because I believed that:

- residents would be interested in learning about the history of psychiatry;
- residents would be able to retain what they learn about the history of psychiatry; and,
- residents' understanding of current psychiatric practice would be more nuanced and complete as a result of learning about the history of psychiatry.

## Course Description

July to November, 2000	February to June, 2001
<ul style="list-style-type: none"> <li>• Psychosurgery*</li> <li>• Homosexuality &amp; Psychiatry</li> <li>• Community Psychiatry*</li> <li>• Lithium</li> <li>• PTSD</li> <li>• Biography: Emil Kraepelin</li> <li>• Biography: Michel Foucault</li> <li>• The Insanity Defense*</li> <li>• Involuntary Psychiatric Treatment in Washington State</li> <li>• Psychiatry in Ancient Greece</li> <li>• ECT</li> <li>• Psychiatric Nursing*</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatric Nursing*</li> <li>• The Insanity Defense*</li> <li>• Community Psychiatry*</li> <li>• Dorothea Dix and the Birth of Social Work</li> <li>• Psychosurgery*</li> <li>• Hysteria: A History of Psychosomatic Illness</li> <li>• Jacques Lacan: Language and Psychoanalysis</li> <li>• Borderline Personality Disorder</li> <li>• Antipsychiatry Movements</li> <li>• Hypnosis</li> <li>• The "Discovery" of Fetal Alcohol Syndrome</li> </ul>

Table. Topics discussed during the History of Psychiatry Seminar at Harborview Medical Center, Seattle. \* denotes topics presented in both parts of the Seminar.

Traditionally, the inpatient Chief Resident at Harborview Medical Center, a county hospital run by the University of Washington, has devoted an hour each week to teaching special topics to psychiatry residents. These conferences have occurred at lunch time, with food provided for by pharmaceutical representatives.

I turned to psychiatry faculty and staff at Harborview and the University of Washington to give the talks. I was particularly interested in having speakers from a wide variety of backgrounds (MD, PhD, RN, MSW) as all represent important traditions within psychiatry. I prepared three of the talks (Psychosurgery, Psychiatry in Ancient Greece and Antipsychiatry Movements.)

I allowed each presenter wide latitude in preparing her or his topic, with only the following stipulations:

- the talk be no more than one hour long;
- an article (or other relevant reading) be distributed ahead of time so that residents could prepare for the talk; and
- the lecturer attempt to foster discussion rather than simply lecture.

The only request of residents was that they read the assigned article before each class. Attendance at the seminar was elective. The seminar was open to all psychiatry residents at Harborview – typically, residents doing inpatient, consult-liaison and emergency psychiatry rotations.

The Table lists topics taught in July to November, 2000, and those currently being taught. The seminar was held in a conference room next to an inpatient unit, a location convenient for most psychiatry residents at Harborview.

## Results

The History of Psychiatry Seminar has been well received. It has been attended by psychiatry residents as well as by medical students and faculty. About 25 people attended each talk. Lecturers were very well prepared for each talk and usually used visual aids, such as slides or overheads, to supplement the talk.

Much in the pedagogical literature on the history of medicine points to the importance of effective visual aids.<sup>7,17</sup> Figure 2 includes some examples from the talks on Psychiatry in Ancient Greece, Psychosurgery and Antipsychiatry Movements.

Problems that arose over the course of the seminar included:

- I was concerned over sponsorship of lunches by pharmaceutical representatives. Providing lunch at such a conference is an excellent incentive for residents to attend, but there are not adequate departmental funds to defray the cost of every lunch.
- Residents did not appear to read the assigned articles prior to each talk. This may have limited their ability to fully participate in the discussion.
- In fact, the more discussion-oriented talks did not appear to go over as well as the more traditionally didactic ones. I suspect that residents, indoctrinated in a practical, fact-based approach to medicine, were not well suited for open-ended discussions.

## Discussion

In terms of popularity with residents and faculty, the History of Psychiatry Seminar was a success. As hypothesized, residents were interested in learning about the history of psychiatry.

However, as this was an elective course with no formal assessment of residents, whether residents actually retain this knowledge remains undetermined. Furthermore, it is unclear how to test the hypothesis that exposure to the history of psychiatry results in residents having a more nuanced and complete understanding of psychiatric practice. I am considering designing a study to compare the historical knowledge and clinical judgment of residents who have attended the seminar as compared with those who have not.

The generalizability of this pilot project is limited by the number of faculty required to present all the topics and by the large amount of time involved in attending all these talks. Ways to implement this curriculum include:

- spreading the talks across the four years;
- having a dedicated block of talks during the third or fourth year;
- allowing residents to elect to do a rotation in the history of psychiatry, wherein they research a particular topic in detail and then present the results at a Grand Rounds; or, having residents organize an extracurricular seminar *a la* journal club.

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**Figure 2.** Images used in seminars (from top to bottom): (1) caduceus, symbol of Asclepian medicine; (2) bust of Hippocrates (460-377 BCE); (3) Walter Freeman performing a transorbital lobotomy at Western State Hospital, Steilacoom, WA, July, 1949; (4) Anti-psychiatry rally in Toronto, July, 2000.