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 a history of psychiatry to residents at the University of Washington Psychiatry residency program is described. It is hypothesized that physician's study the history of psychiatry will have a richer understanding of current psychiatric practice.

Background
A number of authors have described history of medicine curricula for undergraduates, medical students or graduate students. These include elective courses,1-3 required courses and courses integrated into the rest of the medical curriculum.4 Some courses include topics in psychiatric or behavioral medicine.5 These authors offer a number of reasons why history of medicine should be taught: To demonstrate that medical knowledge changes as a function of historical time;7 to increase appreciation of current medical theory and practice;8,9 to show that medicine is a "fundamentally social enterprise"10 and to socialize medical students into the profession.11,12 Because the history of medicine is interestingly interdisciplinary.

Introduction
Prior to this century, medical training routinely included study of the humanities. In fact, Doctors attended college because they wanted to be "gentle" persons. The knowledge and skills acquired by liberal studies-so the ideal went-would automatically improve the general capabilities of any physician.13 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 walking off of academic medicine from the rest of the university.14 Psychiatry has not been spared this isolation from its roots in the humanities. Gary Tackett has argued that excessive emphasis on DSM in residency training and the ever-increasing role of the laser as the primary tool of treatment have contributed to the loss of the humanistic component of psychiatric care and his or her story.15 That"the story begins long before the psychiatric hospital bombed." In other words, the context for psychiatric care 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.

Course Description
Table I. Topics discussed during the History of Psychiatry Seminar at Harborview Medical Center, Seattle.

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<tr>
<th>Topic</th>
<th>Fall in November, 2000</th>
<th>February in June, 2001</th>
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<tbody>
<tr>
<td>Psychosurgery</td>
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<td>Psychiatric Nursing</td>
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Table II. Topics discussed during the History of Psychiatry Seminar at Harborview Medical Center, Seattle.

- Alcohol Syndrome
- Psychoanalysis
- Psychosomatic Illness
- Electroconvulsive Therapy
- Psychiatric Nursing
- Psychotherapy
- Pain Management
- The "Discovery" of Fetal Alcohol Syndrome

While there is a fairly voluminous literature on teaching the history of medicine to medical students, a literature search revealed no 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 economics, political and cultural factors. It would seem that the history of medicine is not limited to the early medical schools; rather, the history of psychiatry is just beginning. It is time that the history of psychiatry be added to the psychiatric curriculum.

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.

Discussion
In terms of psychiatry 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 or not residents actually retain the knowledge remains unknown. 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.

Figure 1. Psychology of history: courses taught at U.S. medical schools.

Figure 2. Images used in seminars (from top to bottom): (1) calcium, symbol of Asclepius medicine; (2) bust of Hippocrates (460-377 BCE); (3) Walter Reed, a transatlantic laboratory at Washington University School of Medicine, St. Louis, WA, July, 1943; (4) auto-academy rally in Turin, July, 2000.

References
1. Barnes, CR. "Medical history and medical humanities: some new issues," in History of Medicine, 1993; 38: pp. 203-211.
7. Prioreschi, P. "Does history of medicine teach useful lessons?" Academic Medicine, 1995; 70(9): 776-780.
11. Loewy, EH. "Teaching the history of medicine to medical students," in Academic Medicine, 1995; 70(9): 777-781.
14. Loewy, EH. "Teaching the history of medicine to medical students," in Academic Medicine, 1995; 70(9): 777-781.
15. Burns, CR. "Medical history and medical humanities: some new issues," in History of Medicine, 1993; 38: pp. 203-211.