Indeed, one gets affected by the mood of the time. To me the temptation is to reflect on the broader sweep of events. In the recent past rapid changes have taken place, all over the world. We are witnessing too many violent self-assertions by people, of their ethnic identity in different corners of the world. Powerful economic forces are deciding almost everything in all areas of human existence, more than at any time in the past.

In our own country, sweeping changes are taking pace. The socio-economic scene is changing; family ties are getting modified and these changes affect the individual. His expectation, his dreams, his willingness to wait patiently, his preparedness to suffer pain, are all changing. Mechanic and Aiken (1994) reviewing the health care scene of U.S. stated, "the science and technology of cure is well developed and is increasingly being fine tuned by advances in knowledge and their implementation, but the science and technology of prevention and maintenance of function is still in a very early stage". In our country we have indeed some ultra-modern hospitals. In those Hi-tech centers sometimes "news-worthy" surgical procedures are undertaken. But when more elementary parameters of health of a nation, like making drinking water available in villages, system for proper disposal of garbage by municipalities etc., are considered, it is a different story. Even on the curative side, while a lot is heard on bypass surgery, organ transplantation and such other highmarks of achievements, when we look for simple measures of care like availability of the service of a blood bank for a patient in a maternity center, or even an autoclave for a health center, the picture is not that bright.

When it comes to the care of victims of mental illness, even in the affluent west there is no equity in allocating resources. The W.H.O., it is heard, is planning to dismantle its Mental Health Division. In 1993, a Health Security Act was introduced in the United States. In that document, parity of coverage for the mentally ill is envisaged from the year 2001! This means that for the first eight years, victims of mental illness will not get the same kind of Governmental support as the victims of medical illnesses. Even from 2001 onwards, the maximum number of days of inpatient facility allowed in the case of a mental patient within the period of one year is limited to sixty. That even in such a liberal law, predetermined limits are set, is a telling proof of the kind of discrimination against mentally ill persons, in that country.

We in India do not have a humane era, parallel to that in the history of psychiatry of the western world. Even our Father of the Nation did not specially project the cause of victims of mental illness and their families even while he championed the cause of all sorts of weak, oppressed and the downtrodden, in our society. Our mental hospitals, run by various state Governments are all in need of improvements in several areas. If these are allowed to wait on a plea of paucity of funds, are we psychiatrists to remain as silent approvers? In this "Decade of the Brain", it may not be fashionable to draw attention to our mental hospitals. But certainly, if an ordinary citizen suspects us, psychiatrists to be the main culprits of the present deplorable condition, he cannot be blamed. It is time that we make some critical self assessment.

What is our professional role in the present day society? What is the role we ought to have? What are the ways and situations where we could meaningfully and usefully interact with other behavioral and social scientists? When other medical specialties in their dozens are vying with each other, how could psychiatry secure for itself a fair deal?

To my mind, psychiatry which is a healing art, based on such a wide range of basic sciences has a very pervasive and important role. These roles are mainly:

1. Identification and treatment of diseases known as mental diseases.

2. Contributing positively to the understanding of all diseases
3. Making use of the insights and skills gained from clinical situations for the study and understanding of man in his society.

The first role, that is diagnosis and management of illnesses that are grouped as mental illness is probably the more well known role. Many people apparently think that this is the only role for psychiatrists. This role probably could be viewed from three aspects:

a) Early detection and effective treatment interventions

b) Long-term care of those need of such care, and

c) Efficient use of the needed resources - economic and human - to fulfill our responsibility in the care of the mentally ill in our society.

With a steady increase in the number of psychiatrists it is logical for one to think that we are making great progress in the matter of early detection and treatment of mental diseases. But this is not the case, always. We have a surprisingly large number of mental patients, who even while they have easy access to psychiatric care, fail to do so. With more literacy, surprisingly their number is increasing. They are taken to one or other medical specialists, or in the alternative, to religious healers and the like. "Why should this phenomenon bother us?" is the usual manner in which we react to this situation. Some people, after all always go for religious or magical cures and why should we be unduly concerned about this? Or some sections of people make sure that there is nothing wrong with them "physically" before they go in search of some "mental" specialists.

But what is specially striking about this current phenomenon is that this phenomenon is more among the educated and otherwise well informed sections. The more people know of sophisticated investigation or about new specialists in a still-more-narrow field of medical practice, the more they go after that expecting magical results. This problem is not so much with the ordinary villager whose educational level is low and economic situation quite modest. It is the educated man with better "purchasing power" who go after these so called "scientific investigations". Even though it may be fine, that as individual psychiatrist we ignore stray cases of this sort occurring. But should we not be alerted and provoked to think when large sections of our people "Who know to take care of themselves", do not avail apt remedies to which they have easy access to? Or is it the pull of market forces with aggressive salesmanship, attracting patients to hi-tech centers where capital is invested on a big scale?

To my mind these questions should lead us to certain innate flaws of western scientific thought, at a very fundamental level. We may have to go back to times three centuries ago, to the times of Descartes, or even before that. Before Descartes, physicians had a rather sound concept about their patients. They used to, for one thing, consider a patient as an indivisible and integrated whole. But Descartes made a complete separation of body and mind. He assigned the study of body to science and the study of mind to philosophy. By this very clever move, Descartes brought peace in the entire field of knowledge and scholarship where until that time conflict between science on the one side and theology and philosophy on the other side was rampant.

When the theologists asserted that their knowledge from divine inspiration was superior to what the scientists made out by experimentation, the situation was one that discouraged all scientific progress. With Descartes affecting complete separation of body and mind there was tremendous progress in the study of the science of body. Of course, distinguished biologists like Rene Dubos pointed out that "biologists feel most at ease when the thing they are studying is no longer living." All the same, progress was tremendous. If in the early days Williams Harvey's exposition on human circulation was the fascination, presently it is organ transplantation, possibilities of genetic engineering and so on. In Medicine the influence of Cartesian-Newtonian thought and the reductionist approach has given really rich dividends. Most of our knowledge of Pathology, Microbiology or Pharmacology and the entire field of Surgical and Medical Therapeutics have progressed and come to attain the present very advanced level, perusing this machine-model, in building hypothesis.

The concept that human beings are like machines, even though it sound absurd when we ponder on that for some time, is quite central to present day modern medicine. Traditionally it used to be the "common sense", "healing touch", and the personal relationship of the family doctor with his patients and family that used to integrate all the scientific knowledge from various fields and make appropriate use of it for the benefit of the patient.

The very institution of family doctor, or general practitioner is not as popular these days, as it used to be. Consumer awareness and protection activities
have made things worse. There is no more the old mutual trust and respect between patient and doctor; only the business acumen of the customer who is alert about his rights. The doctor also is very defensive in his practice and for obvious reasons, sometimes avoid assuming responsibility or taking timely and proper decisions.

On the other hand, hi-tech multi-specialty hospitals do everything, except viewing the patients as an integrated and indivisible human being. They have machine like efficiency and treat the patient as if he is a machine. In the case of psychiatric disorders, the problem is even more complex. With the total division of body and mind, everyone is keen to believe that he has a bodily illness, rather than a mental illness. Because, as he sees it, "bodily illness" is a "real illness" whereas "mental illness" is imaginary! After all, who would want his illness to be considered imaginary? Not only this, Descartes has assigned the study of mind to philosophers and theologists. So even in the rare instance when a patient and his family believe the illness to be "mental", they seek remedy from someone who is not a medical doctor!

The problem is not merely because of a total body-mind separation. Nor does it end with the examination of body (and alas, not the patient), by various medical specialists who with machine-model hypothesis explain the cause of disease invariably with some simple single etiology to the exclusion of so many other important factors. Even in the study of "mental" disease, hypothesis are built with a simple deterministic view, where the attempt is to discern a simple cause and effect linkage in the study of etiology. Often enough, even while a biopsychosocial view is professed in the study of a particular patient, one or other aspect -biological, psychological or social-is taken as the area where the pathology lies. In other words, a simple mechanistic view from one of the three areas -biological, psychological or social, is taken as the aetiopathology, to the exclusion of significant factors from the other two areas.

Sabshin (1990) discussing the turning points of twentieth century American psychiatry points out how Adolf Meyer had a powerful impact on American psychiatry in the second quarter of the twentieth century. But during the next quarter, it was a different picture. In the fifties and sixties, various therapeutic ideologies came to prominence.

These therapeutic ideologies, in the fashion of most ideologies, developed their own firm belief system and therapeutic values. A number of somatic treatments effective in bringing forth tangible reliefs, but all the same merely empirical in their nature for the most part, were introduced. These effective, easy to administer somatic treatments prompted large sections of psychiatrists to cling too much to their medical roots. Another treatment ideology that flourished around the same period was that of psychoanalysis and yet another one was that of social psychiatry. While both differed from each other in several respects, they were similar in one important aspect. They both, psychoanalysis and social psychiatry, demonstrated only a minimum interest in having clear cut concept on what constituted a disease. Study of epidemiology or development of treatments based on nosology were also neglected in these two ideologies. In their case, it was a situation of too much demedicalization. There was also a lot of public confusion about the role of psychiatrist, clinical psychologists and psychiatric social workers along with this vigorous demedicalization.

The third turning point highlighted by Sabshin, is the present period, with its prodigious growth of neurosciences and psychopharmacology. Here the pendulum has swung to the other extreme. In place of the demedicalization of the 1960's it is again too much medicalization. The unconcern for diagnostic accuracy that marked the earlier phase has given way to almost a kind of blind faith in the virtue of following a medical model of clear cut diagnostic entities. Indeed the central place occupied by the present classification manuals-ICD-10 or DSM-III-R is a reflection of these changes. Robert Cancro (1989) in the epilogue of the Comprehensive Text Book of Psychiatry observed that "Ultimately disciplines are only partial models of the reality they study and should never be confused with the reality".

Eisenberg (1986) has caricatured that psychiatry has either been "brainless" as in 1960's or is "mindless" as it presently is. Grebb (1989) has cautioned students of psychiatry about several misleading dichotomies in his introduction to the chapter on Neuroscience of CTP-V. These dichotomies, whether it is the brain-mind divide or the biology-psychology divide could ultimately be traced to the body-mind division of Descartes. If we are to avoid the mistake of too much demedicalization or the opposite error, that is too much medicalization as is more or less the case now, we have to get over the...
body-mind dualism. Certainly psychiatry must have a balanced, realistic and useful theoretical frame on which we could have sound hypothesis constructed to suit our clinical situations.

Sabshin's further observation is that a fourth turning point of American psychiatry is expected to take place very soon. What he predicts is that at the turn of the twenty first century there will be a "re-emergence of analogues of Meyerian psychobiology". Indeed, psychobiology of Adolf Meyer, which used to be the frame work on which clinical case study used to be done, not only in USA but in our own country as well as elsewhere, is not being given the same emphasis in our present day training programs and practices. The approach these day is to follow a Diagnostic Manual's requirement, in too routine a manner. The "person" behind the patient, who used to be so important for Meyer, seems to be losing his importance.

The 'distributive analysis' and the 'synthesis' based on such study, which used to provide such an excellent approach for the psychiatrist to achieve a fusion of the multiplicity of factors operating in one person and reach a more insightful and human understanding of the patient's predicament is no longer in vogue. The psychodynamic formulation that used to be of central importance in case records some time ago, I submit, should continue to maintain that importance. May be, the formulation could be renamed as biopsychosocial formulation. These days, with so much more data from the biological side coming in, including laboratory data, the color and flavor of these formulations may be different from earlier times, but the objective remains very much the same, that is reaching an understanding of the sick person as a integrated human being. As Lidz (1966) reminded, "In commemorating Adolf Meyer, we can do much for ourselves and for psychiatry by recognizing and utilizing the heritage he left us".

Only a revitalized clinical psychiatry where a new synthesis of psychoanalysis, social psychiatry and biological psychiatry is achieved can provide the kind of new direction, very much needed by modern medicine. Medicine, these days is encouraging the allocation of huge national resources into development of ever-new techniques to keep the individual alive for one more day, however torturing these techniques may be.

Waggoner (1970) stated that "Sometimes the physician should exercise his responsibility to protect the patient from guilt ridden relatives who insist upon the use of all possible means of prolonging life". Pursuing the same theme, Waggoner stated "Few are the teachers among us who have taught that death is a gentle, blessed thing and a fitting end for those who have tired of the struggle in mind and body. We have prolonged the life of many beyond the age that they can be productive and satisfied. Can it be that in our frenetic efforts to prolong life we have neglected appropriate concern with the quality of life?"

While addressing various basic issues concerning modern medicine, special attention may be given to strengthen the institution and profession of the family doctor. To achieve this graduate level medical education has to be a special thrust area.

We must be conscious that powerful economic forces are at work in our health care scenario, especially in the present climate of liberalization. Manufacturers of high cost machines and management experts are all invading our hospitals, quietly. Along with their expensive machines and expertise they are bringing in a new mind set, a new attitude, a new value system and a new culture. With their aggressive salesmanship they project new "breakthroughs", rousing very high expectation in people. And the gullible public clamor for these "breakthrough" treatments discarding their neighborhood doctor and paying the money they do not have. The attitude seems to be, "Who will want to shop with push-cart vendors, when you have such fine supermarkets". When the high cost treatments do not work the sad part is that, the patient is not returning to his family doctor. His conclusion is that if such hi-tech hospitals have failed, there is nothing more that modern medicine can offer. So why not try some religious cures and treatment buy our traditional system.

Indeed the manufacturers of "Rasayanas" and the like who have learned a lesson or two from the multi-nationals in their marketing techniques are waiting! It is in this milieu a fresh graduate medico has to make his choice, these days. If he makes the easy choice, on a reasoning that "If you cannot beat them, join them", he cannot be blamed. His only motto seems to be, to become a specialist and get into the bandwagon, that is the 'Hi-Tech Health Care System'. The consumer protection activists, who have come up of late, are only adding to the woes of the solo general practitioner. After all, those activists find it a lot easier to fight a lone general practitioner than a big hospital organization.
The present situation where the public do not want any general practitioner and the medical profession is not doing anything much to strengthen its frontline soldier, is a disastrous one. Unless this trend is reversed medical profession will deteriorate to the level of a mere technology and trade. We, psychiatrists have a special responsibility in this regard as, nowhere else in medicine, they have the advantage of studying psychological and social factors along with what is biological.

The rapid deterioration of the conditions in government hospitals in general is also a matter of concern. Traditionally, these places used to provide good quality care to the most deprived and weak sections of the society, free of cost. Now with the new management techniques being brought in, incurring expenditure to meet the needs of the poor is not considered good money management! Even in government hospitals the priority is in developing services that fetch return! With profit motives deciding policy in the running of hospitals, the poor many especially with chronic diseases, will get pushed out.

The worst affected in this situation are victims of chronic mental diseases. Resource allocation is always done with a negative bias against the chronic mentally ill who need total care. This is because decisions are made by the so called experts who get guided by simple economic yardsticks. The fact that we have in our government mental hospitals, large number of chronic mental patients maintained in subhuman conditions, does not seem to worry anybody. Not only that, we have large sections of people to whom even the option of taking a severely ill chronic mental patient to a government mental hospital simply does not exist, for the simple reason that such hospital is four hundred or five hundred kilometers away from their village.

Ironically while financial support is extended by the government to non-government organizations for the care of mild or moderated disabled chronic mentally ill, the most severely ill and totally helpless persons are excluded. This is something that policy makers and health administrators should not ignore. When the state extends welfare measures to more and more sections with a lot of fanfare, let us not forget the needs of those totally helpless persons.

Why our society as a whole is unconcerned about the plight of their miserable fellow beings? Leighton (1959) in his formulation of a theory of man in relation to his culture, projected two constructs representing human beings at opposite extremes. One is an idealized model of a functioning community unit, which is a quasi-organism, a system of interdependent parts able to maintain itself. At the other extreme, it is a mere collection of human beings that has "no socio-cultural integration". Their "unity" is based on sharing physical space. They have no patterned interaction. It is worthwhile that we psychiatrists attempt to study our contemporary society to know where its positions will rightly be, between the two extremes posed by Leighton. This is necessary, not merely to have an insight into the individual human psyche, but to make our little contribution to remedy present day society's many ailments.

In the context of the great social, economic, political and ecological crises of our time, it is difficult to know what it is that society expects of psychiatry. I strongly believe that it will be a hope and expectation that there will be a committed application of our knowledge and skill in the easing of tensions - within the individual and between individuals and societies. Let the thought that we psychiatrists are the heirs of the best in both the humanist and scientific traditions, give us strength in our endeavors.

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