

## *Psychiatry in Kerala*

### HOLISM IS CENTRAL TO PSYCHIATRIC PRACTICE

Excerpts of the Inaugural Address delivered at the 39th Annual Conference of the Kerala State Branch of the Indian Psychiatric Society (SIPSCON 2023 ) at Kannur on 9<sup>th</sup> September 2023

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#### ABSTRACT

Psychiatry in Kerala has come a long way from its humble beginnings. But, in the olden days, psychiatry practice used to be different; it was more holistic. Now, the focus is more on biological insights and novel technologies. As psychiatrists, we have to remain holistic in our clinical approach and manage our patients with a biopsychosocial perspective.

This inauguration of the annual conference of the Kerala branch of Indian Psychiatric Society is an occasion for all of us to remember with gratitude our path-finders, who walked-the-talk of Psychiatry through Kerala, ahead of us. We had the great Col. Parasuram, who, after retirement from Madras, had set up a clinic at Kalpathy, Palakkad. From there, he had administered the first Electro Convulsive Treatment in Kerala. It will be helpful for each one of us to study how Col. Parasuram practiced Psychiatry from his modest clinic. Indeed, we can all learn many lessons.

We had Prof. KV Jacob, who was my respected teacher at Thiruvananthapuram Medical College. Also, we had Prof. S Santha Kumar, who was my senior colleague; he was the first to bring Psychiatry to the northern part of Kerala. Let us offer our humble salutations to those pioneering psychiatrists of Kerala. Today, let us also pay homage and remember, with love and gratitude, all our dear departed friends; many of them had been called back by the Almighty rather too soon!

Today, Psychiatry in Kerala has come a long way from its humble beginnings. We have a handsome number of practicing psychiatrists, and their number is going up fast. Also, many post-graduate training centers have come up, all over Kerala. Our growth is not just in numbers; the mood of psychiatrists in Kerala is also quite upbeat! One reason for this new high mood among psychiatrists is that these days, most of them work in the grand ambience of modern general hospitals.

But with regards to old-timers like me, who had commenced our journey from mental hospitals, the perception about all these is slightly different. Many of us feel that presently, things are not quite right with regard to some fundamentals. Maybe, on a special day when we are all gathered here to celebrate our togetherness, it may not be 'politically correct' on my part to point out shortcomings! But, when things are not right, is it not better for us to analyze matters dispassionately?

One can recollect that, in the olden days, Psychiatry used to be practiced differently.

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Those days, even though the number was small and most of us psychiatrists used to work in the dull ambience of mental hospitals, our approach to clinical work used to be slightly different. As psychiatrists, we tried to understand our patients with a longitudinal perspective. We used psychodynamic formulations to guide us in our entire case management. Also, the childhood and family histories of patients used to be closely studied as part of our clinical work. Even while treating a patient in the acute phase, psychiatrists used to be concerned about long-term prospects, including issues regarding rehabilitation.

In other words, psychiatrists of those days had been trained to understand patients from a bio-psycho-social perspective. Their entire clinical work, or rather their very thinking as clinicians, used to be out-and-out 'holistic!' Here, all of us psychiatrists are required to understand the importance of having 'holism' in medical practice: with regards to psychiatrists, having holism is as essential as it is to have wings for birds! Only with holism could a psychiatrist fly and explore the vastness of the high skies, namely the minds of patients, and understand their predicaments meaningfully, at least up to a point.

Unfortunately, during the last forty-fifty years, many things changed with the coming up of psychiatry departments in general hospitals. True, the popular perception is that the specialty is progressing well. But in reality, the new style of psychiatric practice has brought in quite a few negative consequences, too. Today, many psychiatrists are copying superspecialists, even in their way of thinking. They conceptualize diseases in a medico-pathological model; many follow a narrow cross-sectional approach while studying the actual predicaments of patients. Also, all the time, psychiatrists talk only about the biological basis of diseases. And many psychiatrists imagine that their job is done if a 'wonder molecule' is prescribed!

What one sees today is that Psychiatry has

lost some of its good old virtues that used to be considered as precious. It is as though when psychiatrists went to general hospitals, they had forgotten to take along their holistic attitude. This is why, despite a few visible advances or gains in a few core aspects, the specialty is on a track of decline! Here, we need to examine a disturbing question: Why have the attitudes of most of us psychiatrists changed so much?

One can say that a lot of American influence is coming through the Diagnostic and Statistical Manual (DSM), which wants to shape Psychiatry as an "atheoretical" clinical science. Also, a few optimistic psychiatrists in India seem to imagine that answers to all our tough questions are around the corner, as many mega-research projects in biological psychiatry are on in many prestigious centers.

More than all the above factors, the crucial reason for our present attitudinal change is our unwillingness to plunge into patients' experiential world. This reluctance is because psychiatrists perceive that the minds of patients are in states of turmoil, loaded with many fears, suspicions, frustrations, a sense of shame, and many more negative emotions. And if clinicians share such morbid experiences of patients, they would themselves get highly "stressed."

In such situations, a doctor's own mental mechanisms would be at work, quite unknowingly, to ensure that he does not get stressed by patients' negative thoughts and feelings. And without being entirely conscious that such things are happening, he would keep a 'distance' from his patients! Benefits would come in two different ways: firstly, they would acquire the new title of "scientific psychiatrists," meaning a higher professional stature. Secondly, and even more importantly, he could avoid all the pain that comes with the sharing of morbid experiences of patients. Altogether, life becomes easier for psychiatrists. But here, each one of us psychiatrists is required to ask a question to

oneself: will I be worthy of being called a psychiatrist if I have no interest, intention, or ability to reach out to the inner experiential world of my patients? Let us be conscious that only when psychiatrists absorb many difficult-to-endure experiences of their patients they could get empowered to do psychotherapy. In many instances, it is necessary to access her inner experiential world to understand or diagnose a patient.

Now, when my discussion is broadly about issues that can be called the 'Art' part of Psychiatry, some of you may think that I am deliberately closing my eyes towards many fabulous gains in medical practice, brought in through its 'Science' side! There is no intention to do so. The gains that technology and biology have brought to medical practice are just fantastic. Today, we have quite impressive ways of imaging; organ transplantation is relatively easy, thanks to immunosuppressive medicines. Novel possibilities are opened by stem cell studies, artificial intelligence, machine learning, etc. Even novel methods in statistics are taking present-day medical research to a new high level.

But, despite all these, let me caution those psychiatrists deeply in love with new biological insights or novel technologies. Even while there are many gains from reductionism-based research, the defining characteristic of the brain these days is its remarkable plasticity. This means that psychosocial factors are constantly influencing and giving new shapes to our brains. Also, conversely, the brain's new

shape or form is the basis of many psychosocial manifestations in our patients, which decide their inner experiences and behavior.

Here, all of us psychiatrists must remind ourselves that we are living in an era when many medical practitioners across various streams are quite hardened in their reductionistic ways. Many are always saying that they are super-specialists who treat the heart, liver, or kidney. In this situation, as psychiatrists, do we have the inner strength to emphatically tell the world that we are doctors who manage patients with a biopsychosocial perspective?

It is necessary for us psychiatrists to resolve that we would remain holistic in our clinical approach! Psychiatrists must be conscious that we have a duty to spread the fragrance of holism among all fellow medical professionals. Reductionism, though it brings many benefits in all sciences, including medical sciences, when it comes to clinical practice, it takes us backward in some crucial areas. In the case of Psychiatry, it would take us backward by many miles!

Here, let us be proud that we belong to a country that has given 'Advaita' philosophy to the world. As such, it should not be difficult to keep aside reductionism in situations that demand us to do so and remain steadfast in holism in our clinical practice. And let us also keep in mind that, as a nation, we are engaged in the great task of teaching 'Yoga' to the whole world! And after all, 'Yoga' is just another word for holism!