THE AMERICAN JOURNAL OF PSYCHIATRY
Editorial

What Is Psychiatry?

O chestnut tree, great-rooted blossomer,
Are you the leaf, the blossom or the bole?
O body swayed to music, O brightening glance,
How can we know the dancer from the dance?

—W.B. Yeats, *Among School Children*

It happens to me at least a couple of times a week.
Someone—a neurologist, a surgeon, a molecular biologist, a journalist, an insurance agent—gives me a spontaneous and unsolicited explanation as to what psychiatry is. The person is usually quite wrong. The explanation reflects outdated education, ignorance, misinformation, and even stigmatization. When I attempt to offer a more accurate definition, the "expert" to whom I am speaking expresses disbelief. He clearly knows more about the discipline in which I have worked for 30 years than I do.

Perhaps we as psychiatrists even contribute to the confusion. It happened just two evenings ago, when a neurologist with whom I was having dinner defined psychiatry as the discipline that deals with syndromes of unknown cause, while neurology is the discipline that discovers the causes of the syndromes, turns them into "real diseases," and then assumes responsibility for studying and treating them. Just as I was preparing to express my dismay at this rather supercilious definition, the other psychiatrist who was dining with us agreed with him! After heaving a silent sigh and counting to 10, I chose to fight the battle with evidence and rationality I even tried to be charming, since I wanted to convince both of them, but no doubt I was unsuccessful (with both goals).

But the evidence speaks for itself anyway. Some of the evidence about "what psychiatry is" is provided in this issue of the *Journal.* Psychiatry, like other medical disciplines, is defined in part by the patients whom we treat and the disorders that we study Psychiatry is a wonderful specialty to work in, because it is so broad, diverse, and interesting. This issue illustrates that breadth, as well as the solid scientific basis of our efforts, and an exciting sense of progress in our understanding of mechanisms of illness and the development of better treatments.

As this issue illustrates, we do study and care for patients with serious brain disorders such as Alzheimer's disease, for which the neuropathology has been known for many years and for which the molecular mechanisms are being identified with exciting rapidity Alzheimer, who discovered the neuropathology, was a major figure in the history of psychiatry Some people now erroneously assert that he was "really a neurologist" and that psychiatry "didn't exist" at the time he was working. (Perhaps the boundaries between neurology and psychiatry are somewhat arbitrary, but facts are facts. Alzheimer, who described plaques and tangles for the first time, was a psychiatrist who studied and treated mental illnesses.) We also study and care for patients with other brain diseases of known etiology, such as HIV infection of the central nervous system. We also study and care for patients with other diseases of unknown etiology, such as schizophrenia, depression, and posttraumatic stress dis-

order Our science is busy searching for the brain and biological mechanisms of these mental illnesses, just as Alzheimer did 100 years ago. No doubt we will find at least some of them, and no doubt some of the discoveries will be reported in this journal. The forerunners of such major breakthroughs are represented by a range of articles in this issue. We also examine questions that explore the boundaries between normality and disease—the role of traumatic grief in creating a vulnerability to mental illness, the effects of normal aging on memory, or the coping challenges confronted by the terminally ill. Our treatments run the gamut from those that are biological (e.g., ECT) to those that are interpersonal (e.g., the psychotherapies).

In addition to being defined by the illnesses that their patients have, medical disciplines are also defined by their origins. When did psychiatry begin to exist? It probably began with the recognition of the importance of diseases that affect the mind, leading to the creating of special sanatoria for their treatment in classical Greece and, subsequently, in Islamic countries, in Europe, and in the United States. I enjoy pointing out to my fellow physicians and scientists and the lay public what most readers of this journal already know—that psychiatry may be the oldest of the medical specialties, that the American Psychiatric Association and *The American Journal of Psychiatry* celebrated their 150th anniversary several years ago, and that the *Journal* is the oldest continuously published specialty journal in the United States. A common misconception is that psychiatry began with Freud and the development of psychodynamic thinking. But that is a relatively late development in our specialty, as well as only one current in the complex stream of our intellectual traditions. As our Images in Psychiatry series has repeatedly illustrated, hundreds of years ago physicians such as Pinel and Rush had a particular interest in disorders affecting the mind and specialized in the care of patients with such illnesses.

So what is psychiatry?

Psychiatry is the medical specialty that studies and treats a variety of disorders that affect the mind—mental illnesses. Because our minds create our humanity and our sense of self, our specialty cares for illnesses that affect the core of our existence. The common theme that unites all mental illnesses is that they are expressed in signs and symptoms that reflect the activity of mind—memory, mood and emotion, fear and anxiety, sensory perception, attention, impulse control, pleasure, appetitive drives, willed actions, executive functions, ability to think in representations, language, creativity and imagination, consciousness, introspection, and a host of other mental activities. Our science explores the mechanisms of these activities of the mind and the way their disruption leads to mental illnesses. When disruption occurs in syndromal patterns in these multiple systems of the mind, we observe disorders that we diagnose as dementias, schizophrenias, mood disorders, anxiety disorders, or other mental illnesses. Our specialty is defined by our patients, our science, and our history, not by the form of treatment provided (e.g., psychotherapy, medications), nor by the presence or absence of known mechanisms of illness. Psychiatry is defined by its province: the mind. We are fortunate to have chosen to explore such interesting territory

If psychiatry deals with diseases of the mind, does it also deal with diseases of the brain? Unequivocally, yes. What we call "mind" is the expression of the activity of the brain. "Mind" is our abstract term that refers to mental functions such as memory or mood, while "brain" is the neural assembly of molecules, cells, and circuits that produce those functions. The two are as inseparable as the dancer and the dance, the chestnut tree and its leaf, blossom, or bole. Some of us who work in psychiatry think more about mind and some think more about brain. But we are looking at the same thing from two different perspectives, not at two different things.

So we should not concur when told that psychiatry studies and treats mind but not brain, that it began with the development of psychodynamic thinking and that Pinel or Rush or Kraepelin or Alzheimer were "not really psychiatrists," or that we treat only syndromes of unknown etiology and that illnesses leave psychiatry once their

mechanisms are discovered. We are physicians to both the mind and the brain. We modulate the psyche with psychotherapies that address mind mechanisms such as memory or consciousness, but this modulation works at the neural level by producing changes in the brain. We also modulate the psyche by prescribing medications that work directly at the neural level, but we see their effects at the level of mind as we observe a depression lifting or hallucinations diminishing. At present, mental illnesses include some with known brain mechanisms (e.g., Alzheimer's disease), some with suspected and partially demonstrated brain mechanisms (e.g., schizophrenia), and some with mechanisms that clearly reflect an interaction between the brain and personal experiences (e.g., posttraumatic stress disorder).

Since the mind is the organ expression of the activity of the brain, we can hope that some day we will achieve a complete understanding of all mental illnesses as both mind and brain diseases. And that psychiatry will still exist until the illnesses themselves cease to exist—as the medical specialty responsible for the study and treatment of mental illnesses.

N.C.A.