

Scientific Underpinning

of

Preventive Medicine Associates Inc.

Social Psychiatry

What is a Social Psychiatry?

Social psychiatry is a branch of psychiatry that focuses on the “interpersonal” and cultural context of mental disorder and mental wellbeing; it involves a sometimes disparate set of theories and approaches, with work stretching from epidemiological survey research on the one hand, to an indistinct boundary with individual or group psychotherapy on the other. Social psychiatry combines a medical training perspective with fields such as social anthropology, social psychology, cultural psychiatry, sociology and other disciplines relating to mental distress and disorder. Social psychiatry has been particularly associated with the development of therapeutic communities, and to highlighting the effect of socioeconomic factors of mental illness. Social psychiatry can be contrasted with bio psychiatry, with the latter focused on genetics, brain neurochemistry and medication. Social psychiatry was the dominant form of psychiatry for periods of the 20th century but is currently less visible than bio psychiatry.

The events of the first half of the 20th century brought the issue of the relationship between the individual and the community to the fore. Psychiatrists, who showed a willingness to confront these issues at home, after the war, called themselves social psychiatrists. Psychoanalytic psychotherapy and all its offshoots were grounded in an approach to the patient that focused almost exclusively on the individual – the relational aspects of therapy were implicit in the relationship between therapist and patient, but the main source of problem and motivation for change was seen as being intra-psychic (within the individual). The social and political contexts were largely disregarded. Early landmarks in social psychiatry included: Karen Horney, MD, who wrote about personality as it interacts with other people (1937); Erik Erikson, who discussed the influence of society on development (1950); Harry Stack Sullivan’s (1953) integration of sociological and psychodynamic concepts, and his work on the role of early interpersonal interactions in the development of the self; Cornell University’s Midtown Manhattan Study which looked at the prevalence of mental illness in Manhattan; August Hollingshead, PhD, and Frederick Redlich, MD, looked at the influence of social class on psychiatric conditions (1958); Alexander H. Leighton, MD, looked at the relationship between social disintegration and mental illness (1959); Burrow was an early pioneer of the social cause of mental disorder and suggested “Sociatry” as the name for this new discipline.

Over the years many sociologists have contributed theories and research which has enlightened psychiatry in this area (e.g. Avison and Robins); The relationship between social factors and mental illness was demonstrated by the early work of Hollingshead and Redlich in Chicago in the 1930s, who found a high concentration of individuals diagnosed with schizophrenia in deprived areas of the city has been replicated numerous times throughout the world, although controversy still exists as to the extent of drift of vulnerable individuals to these areas or of a higher incidence of the disorder in the socially disadvantaged; the Midtown Manhattan Study conducted in the 1950s by Cornell University hinted at widespread psychopathology among the general population of New York City (Srole, Sanger, Michael, Opler and Rennie, 1962); the Three Hospitals Study (Wing JK and Brown GW, Social Treatment of Chronic Schizophrenia: a comparative survey of time mental hospitals 1961, *Journal of Mental Science*, 107, 874-861) was a very influential work that has been replicated, that demonstrated forcefully that the poverty of the environment in poor mental hospitals lead to greater handicaps in the patients.

Social psychiatry was instrumental in the development of therapeutic communities. Under the influence of Maxwell Jones, Main, Wilmer and others (Caudill 1958; Rapoport 1960), combined with the publications of critiques of the existing mental health system (Greenblatt et al. 1957, Stanton

and Schwartz 1954) and the sociopolitical influences that permeated the psychiatry world, the concept of the therapeutic community and its attenuated form – the therapeutic milieu – caught on and dominated the field of inpatient psychiatry throughout the 1960s. The aim of therapeutic communities was a more democratic, user-led form of therapeutic environment, avoiding the authoritarian and demeaning practices of many psychiatric establishments of the time. The central philosophy is that clients are active participants in their own and each other's mental health treatment and that responsibility for the daily running of the community is shared among the clients and the staff. "TCs" have often eschewed or limited medication in favor of psychoanalytically-derived group-based insight therapies.

Wikipedia, (2010). Social Psychiatry. Retrieved on December 29, 2010.
http://en.wikipedia.org/wiki/Social_psychiatry