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# Editorial: literature and psychiatry

Femi Oyeboade

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The emergence of the field of medical humanities over the past decade signals, perhaps, a change in the character of medicine. There are now journals of medical humanities published here in the UK (*MH Online*, at <http://mh.bmjournals.com>), in Europe (*Journal of Medical Humanities*, at <http://www.kluweronline.com/issn/1041-3545>) and across the Atlantic in the USA (*Literature and Medicine*, at [http://muse.jhu.edu/journals/literature\\_and\\_medicine](http://muse.jhu.edu/journals/literature_and_medicine)). It is also no longer rare to find poetry columns included in leading medical scientific journals. Furthermore, there are medical humanities centres and undergraduate courses within medical schools and there is a medical humanities website (<http://endeavor.med.nyu.edu/lit-med/medhum.html>). So what are the medical humanities? What possible benefit could they have for medicine and for doctors? And, is there a special role for the humanities within psychiatry?

The description of medical humanities includes medical ethics, medical sociology, the social history of medicine and the application of literature and the arts in general to medicine. It has been argued that they can complement medical science and technology through the contrasting perspectives of the arts and humanities, either by 'softening' medicine or, more ambitiously, by shaping the nature of medicine, its goals and knowledge base (Greaves & Evans, 2000). The aim here is to reintegrate the humanistic skills of recording and interpreting human narrative experience into the core of medical knowledge (Evans, 2001). More specifically, Scott (2000) has argued that the arts may stimulate a medical practitioner's insight into common and shared patterns of response to critical situations or into unique and individual responses to crises and

that they may also enrich language and thought. What is implicit in these points is that there is something about the scientific stance that detaches the medical practitioner from the subjective experience of patients and, the argument goes, the arts or the humanities can facilitate the re-engagement of the practitioner with the patient's own perceptions and feelings. I do not believe that there is much to disagree with here. It is a truism that modern medicine and its accompanying technology can treat people either as organs or simply as material substances, bereft of any inhabiting, animating self which has goals and projects. This aspect of medicine is as damaging to the patient as it is to the practitioner.

The medical humanities project uses various methods to achieve its aims. One of these is to employ texts to raise humanities issues. Macnaughton (2000) has described such a method using a philosophy text, Plato's *Republic*, and others have described courses that use literary texts, including autobiographical and fictional narratives, to stimulate discussion and sharpen the imaginative capacity of students and medical practitioners. The overriding aim of these various methods is to reassert the importance of the patient's biography and 'selfhood' into the medical discourse or arena. As Evans (2001: p. 65) puts it, 'literature and the representative arts engage the question of how the idea of the expressive transcends or transforms the merely descriptive – within, and about, the experience of medicine'.

It is therefore self-evident that whatever benefits the medical humanities may have for the rest of medicine, they are equally relevant for psychiatry. All psychiatric disorders, perforce, are disorders of

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persons. The symptoms and signs of the conditions are played out in the lives of real people and it is impossible to separate the locale of the condition from the person him- or herself. What the arts and humanities can do for psychiatry is to reinforce the importance of the subjective. Our current diagnostic approaches emphasise the objectivity of symptoms and understate the importance of how these symptoms are experienced by people; this despite the fact that the roots of clinical psychopathology lie in phenomenology. What literature (particularly autobiographical narrative) can do is to express the patient's distress and the subjective, but no less real, understanding of this distress in the language of everyday life. In other words, the psychiatrist can have access to the sheer humanity of the experience in a form other than technical language. In this way, we as psychiatrists can deepen our own understanding of the nature of these conditions and acquire a more felicitous language, both with which to engage our patients and to assimilate the subjective reality of these conditions. Like every other skill, our moral imagination, that is, our empathy, needs to be exercised and tested, and literature provides a safe way of doing this.

This series of papers on literature and psychiatry, to be published in *Advances in Psychiatric Treatment*,

includes a paper on cognitive linguistics (Eynon, 2002, this issue) which explores how metaphor informs, shapes and limits our communication. Other papers on literature and addictions, literature and ageing, literature and intellectual disability, autobiographical narrative and psychiatry will consider the description of mental states, the experience of distress, the character of psychiatry as a system and the institutional practices of psychiatry. What unites these papers is their reliance on language in all its communicative aspects, in particular in the form of literary texts as sources and tools for furthering our understanding of our patients and their conditions.

## References

- Evans, M. (2001) Medical humanities for postgraduates. In *Medical Humanities* (eds D. Kirklin & R. Richardson), pp. 61–72. London: Royal College of Physicians.
- Eynon, T. (2002) Cognitive linguistics. *Advances in Psychiatric Treatment*, **8**, 399–407.
- Greaves, D. & Evans, M. (2000) Medical humanities. *Journal of Medical Ethics*, **26**, 1–2.
- Macnaughton, J. (2000) The humanities in medical education: context, outcomes and structures. *Journal of Medical Ethics*, **26**, 23–30.
- Scott, P. A. (2000) The relationship between the arts and medicine. *Journal of Medical Ethics*, **26**, 3–8.

### NEW OUT FROM GASKELL

## Work and Mental Health: An employers' guide

Edited by Doreen M. Miller, Maurice Lipsedge and Paul Litchfield

Work-related mental ill health, or 'stress' in the common shorthand, is the major health and safety issue for most employers in the Western world. In the UK alone more than 6.5 million working days are lost each year at a cost to companies of almost £400 million. The cost to society in human as well as financial terms is greater still and the latter has been estimated at some £3.75 billion annually. Forward-looking organisations have been seeking not just to control these costs but to establish working systems that positively enhance mental health. The drivers for commercial organisations have not, in the main, been philanthropic but rather the recognition that mental well-being is a critical factor in peak performance – improvements in organisational health show up on the bottom line.

This publication draws on the expertise of a wide range of health professionals with practical experience of mental health in the workplace. Both clinical problems and organisational issues are addressed and many practical examples are given of what can be done in an occupational setting to benefit individuals and the companies they work for. This is a text written by practitioners not just for fellow practitioners but also for human resources and management professionals and a wide range of colleagues in business who are trying to grapple with this 21<sup>st</sup>-century 'epidemic'.



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