

# TAKING ISSUE

## Reducing Reductionism: Reclaiming Psychiatry

Despite the growth in our understanding of the mechanics of the human brain, the scope of psychiatry has actually been growing smaller in recent years. Our systems have evolved in ways that constrict the range of our practice and the growth of our skills. Our programs for training psychiatrists have too often acquiesced to this system, and young psychiatrists are increasingly ill prepared to assume the clinical leadership roles that have traditionally been ours. The emphasis on neurobiology and pharmacology has limited exposure to and proficiency in rehabilitation, the psychotherapies, group dynamics, clinical administration, and supervision. Too often we hear service users complain that their doctor talks only about medication and does not seem to have time to really get to know them. The growing use of complex polypharmaceutical interventions that highly functional people would have difficulty adhering to makes us wonder whether many psychiatrists have become uncomfortable applying the basic skills of empathic communication and whether they are at a loss for what to suggest to manage uncomfortable circumstances, apart from a new medication.

From the shadow of these developments a new movement has emerged that has become a powerful force in moving the future direction of service development to consumer- and family-driven service systems. Recovery for persons with mental health and substance use disorders is a powerful idea that promises hope, self-respect, independence, affiliation, personal growth, and empowerment. In this light, it will no longer be acceptable for psychiatrists to simply be caretakers, more concerned with stabilization and maintenance than with reclaiming lives. The principles of recovery, in conjunction with knowledge of theories of change and motivational techniques, provide powerful tools for psychiatrists to help guide clients toward their desired goals. The recovery approach enhances clinical practice by providing a basis for hope and trust and a structure for communication and therapeutic alliance that is applicable even within the constraints of present systems of care.

It is time for us to reclaim psychiatry and tend to our own recovery. We have an opportunity to put excitement back into what we do, to return to moral treatment perspectives, and to celebrate rather than commiserate with our colleagues. Toward that end, a group has formed to create a new agenda for psychiatric training and continuing education. The Coalition of Psychiatrists for Recovery invites all like-minded professionals to join a network that promotes the grassroots change of our systems and the education of future psychiatrists. Persons interested in joining this network should contact us (sowerswe@ccbh.com).—WESLEY SOWERS, M.D., *president, American Association of Community Psychiatrists*

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