

The Human Touch In Psychiatry

Dr. John G. Finch believes that India's medical men would do well to relate the practice of Psychiatry and Psychotherapy to their own way of life and philosophy.

DR. FINCH is a very unusual man, because, though a naturalised American citizen, he was educated in India, and, according to him, has spent more years here than in the U.S.

He was taught philosophy at Calcutta University by Dr. Radhakrishnan, and has also founded a unique institution on the West Coast of America, the Graduate School of Psychology at Fuller Seminary in Pasadena, California, in which the basic assumption is that sound religion and sound psychology are compatible and indeed necessary to one another.

But he is unusual mainly because he has rebelled against the long-established supremacy of Behaviourists in the field of Clinical Psychology and Psychiatry. He said that he was quite willing to agree that there were many actual tests, examinations and therapies worked out by the School of Behaviourism that answer a lot of needs in psychiatric treatment. However, his main count against them was that they tended to dehumanise man because they either treated psychology as part of medical science, or as a separate discipline by itself. Disorders of the mind, he claimed, were most certainly not all or mostly organic, and would respond to medication only so far and no more. It was rash to consider symptomatic relief as a 'cure'.

When I asked him what alternative he would suggest to the problem, he gave the answer immediately. He had obviously given a great deal of thought to the subject. He felt that there must be a truly

human solution to the problems of those who suffer from mental illness. All disorders of this sort, or nearly all, he felt, were the result of an illness, unwillingness to understand and adjust to reality. Because all the other channels of normal communication were in some way blocked, the man turned to these 'detours,' as it were. Depression, schizophrenia, 'fits', addiction, the peculiar urges were all his way of saying, "help, me," and the task of his psychotherapist lay in finding out what reality he was trying to escape from and in making him return to the more regular means of communication regarding his distress or fear.

Dr. Finch's method and reading of the situation demanded from the mentally ill a high degree of self-understanding and self-questioning. He said that it was a whole way of life that must be questioned by an individual. Obviously, when a person thus begins to ask himself what his or her purpose in life is, unless he can come up with an appropriate answer, he is faced with a very unpleasant reality. Dr. Finch suggests a way of life supported by a philosophy germane to the human as a solution to the problems of those who flee from their lives into the many types of insanity.

Obviously, he conceded, there are more people who do not question themselves at all, either consciously or unconsciously; since there are many more people outside mental hospitals than in. But until these multitudes have learnt to question their own lives and answer satisfactorily and honestly, there would always remain in

their minds an element of instability which may on sufficient provocation choose to express itself and its problems via a means of personality—disturbances. It is when such seemingly 'sane' or 'normal' people start behaving 'peculiarly' that we are surprised and say "why, he was as sane as you or me! Who would have thought.....?" But we must realise that until you or I have asked ourselves seriously what our life stands on and answered that question and sometimes changed that life to suit a truthful answer, we may be one day as overcome.

I asked him whether he was not surprised at the excessive use of drugs and electro-therapy in Indian mental institutions. He said he was distressed, yes; but that it was to be expected because a couple of decades ago the same went for the United States; and, since India has taken to looking West, she was bound to get on to that wagon. He deplored the fact, that we, who have been given a number of life-supporting and human philosophies by the wisdom of the ancients should now be regressing to Behaviorism. He said very emphatically that no philosophy that neglects the human in order to exalt the divine can become a true life philosophy.

When asked if he treated children, too, he gave an emphatic negative. "I treat the parents," he said, not without humour. "I ask them to come and see me. They sometimes demur. Then I tell them that I would be seeing the child perhaps for two hours every week. The remaining 166 hours they would have to look after and treat the child. I tell them that I merely want to make them a little more competent to treat their own child. Would they bet on odds like 2:166? Then they generally come to see me. I can spot right away what the trouble is with one or both parents and also that the child is merely expressing in a complex and devious way what it cannot normally say: anger or fear

(Contd. on page 360)

The Nurse — (*Contd. f. p. 388*)
sex, I maintain that males should not be barred from it. They have their use in special situations demanding laborious work, such as operation theatre management. If compounding is substituted for midwifery during the last year of training, the male nurses will prove admirable nurse-compounders for mofussil and rural areas where female nurses do not feel secure. The males have less responsibilities regarding upbringing of family and hence can give more attention and time to official duties. However, there is one drawback. Male nurses tend to steal into medical practice and eventually turn quacks, just like compounders. Stringent steps against the defaulters in this respect are called for if this evil is to be eradicated.

Private Nursing :

In the initial stages of medical training, the whole turnout of the medical personnel could be absorbed in government or public services. The students were awarded stipends in return of signing bond of service with the government. After saturation of all services and further expansion of training facilities, all the surplus which increased year by year, had to take to private enterprise in the form of private medical practice. The nursing profession has reached or is reaching the same stage in its development and the time has now come when the profession should be independent of government subsidies and service. Even the metropolitan cities like Bangalore have scarcity of private nurses. Service nurses are not lent outside. Consequently, the private doctors and the public are very much inconvenienced. I am sure that private nursing has an extensive scope in this country and private nurses are more in demand than doctors. Every private serious patient has to be removed to hospital because it is impossible to treat him at home due to the absence of private nursing facilities. This situation puts an extra load on hospital nurses and extra mental tension on the patient and his family. I venture to say that

private nursing has better prospects than private medical practice in these days of bed scarcity in majority of hospitals. It is high time for the nursing profession to start private venture, just like medical profession with fees which would suit the pockets of the middle class which is always reluctant to go to public hospitals but at the same time cannot afford the private nursing homes. Instead of undergoing all the inconveniences of government service, I cannot understand why nurses should not get their training without any strings like stipend and bond and then settle down in the place of their choice or do private nursing practice wherever they move, tagging themselves to local private medical practitioners if necessary, thus enabling them to treat cases at home.

A nurse is double-saddled. She is the bread-winner and also a house-wife. She has dual responsibilities, especially after marriage. She has to attend to her duties outside and look after her family at home. Nursing Services, therefore, should be such as to accommodate her twin responsibilities.

Service Conditions :

(A) **Part-time Posts** : Nurses may be appointed to part-time posts. As many part-time posts as possible should be made available to nurses so that they can manage their duties and family responsibilities simultaneously.

(B) **Stationary Posts** : A transfer upsets a female more than a male, due to nature of her family responsibilities. Absence of the lady of the house disrupts the whole family. A cadre of stationary posts should be created so that local nurses can be accommodated in service.

(C) **Fixed duty hours** : Some nurses may like fixed duty hours such as permanent night duty or evening duty, so as to accommodate their family life by adjusting the duty hours to their home responsibilities. This should be allowed in genuine cases.

These are few of my humble suggestions for improvement in the profession to which I owe my career as a surgeon.

Psychiatry—(*Contd. from page 359*)

or distaste. After a few sessions generally, the parents report that they have now become better able to 'treat' their own child and there is a great improvement in the situation." He was greatly impressed by Dr. Chakko's 'family wards' at Vellore and said that rather than continuing to follow the latest Western methods in all the sciences, this country would do much better to look towards her inner resources and to relate the practice of psychiatry and psychotherapy for the cure of the mentally sick to our own way of life and our own philosophies. He was convinced, and had spent a lifetime of dedication putting that conviction into practice, that psychology cannot work if it is not related to the totality of human life as it is and as it should be, in all its contexts—social, political, physical, mental and spiritual.

Relating psychology to philosophy is a new concept, and one, that at least in theory, looks very logical and so simple as to be surprising. The deeper implications of it, however, may demand a discipline of mind from both the psychiatrist as well as the patient, that could prove it difficult to apply in practice.

The final impact of singularity that Dr. Finch made on me was his absolute refusal to make a concession to these practical difficulties. He is calmly confident that that is the only way. Along with Huxley, he believes that "nothing short of everything will do."

As a man he commands respect, not only on account of his obvious and probing intellect, not only because of his courage and dedication but also because of his determination to help us see the beginnings of a better world, inhabited by less fragmented, more integrated human beings. (*Courtesy Times Weekly*). □