Benjamin Vialle
Medical student
University of Queensland

Psychiatry: Art or science? Questioning the question to see things as they are.

Introduction

Harland et. al. (2004) once characterised a conceptual divide in psychiatry as two opposing camps. The first camp, they said, focuses on brain functioning, empirical methodology and universally applicable evidence. The second camp, drawn to psychiatry's common ground with the humanities, focuses on cultural relativity and the limitations of the scientific method when studying the mind. Each camp, they said, by their stubbornness in relation to the other, "risk conceptual disaster at both extremes" (Harland et. al. 2004, p.363). Indeed, we in each camp fall into the old trap of seeing things not as they are, but as we are.

Similarly, when we seek to define psychiatry as either art or science – or even both or neither – we do not *define* at all. Instead we *un*define. We categorise away important subtlety and nuance, and we miss the bigger picture. There is surely a sense in which psychiatry is a science, and another in which it is an art. However, to simply fall upon "both" as the answer is too easy and too simple, and is itself reductive. Instead, we ought to question the question: What do we mean when we call psychiatry an 'art' or a 'science'? Is this a false dichotomy? Only by shining a light on our categories and our questions can we hope to see things as they really are.

Is Psychiatry a Science?

Saunders (2000, p.18) is right to point out that "doctors' medical practice is not itself science, it is based on science". Clinical medicine could be called *applied* science, and this is surely what we mean when we use the term science in this context. In this sense, psychiatry is science as well. Those who prescribe clozapine, for example, do not undertake 'science' themselves, but apply the scientific evidence collected by others. Other treatments such as ECT, whose mechanism of effectiveness is less well understood, can be *applied* with the *prediction* of success based on *observations* of previous success. It all sounds rather scientific indeed. Furthermore, what role will neuroscience play in the future of psychiatry? Perhaps the practice of psychiatry is destined to flourish into a scientific era of even greater proportions.

On the other hand, could psychiatry be better called a failed science, in the absence of a universally accepted paradigm? The affirmation of psychiatry as a science certainly runs dry quickly in comparison to other areas of clinical medicine. There is no psychiatric biomarker as specific as Troponin I is for myocardial ischaemia, and no psychiatric screening as effective as a pap smear is for detecting

cervical dysplasia. A psychiatrist might apply ‘science’ in prescribing clozapine, but what about in diagnosing psychosis in the first place? Is the scientific method utilised in that process? Perhaps we begin to see why many senior psychiatrists are found to be skeptical about the role of science in psychiatry (Chur-Hansen & Parker 2005, p.417).

Part of the problem is the ambiguous use of the term ‘science’. When we ask if psychiatry is ‘science’, what do we mean? We might quite earnestly refer to ‘the scientific method’; we might mean ‘evidence-based’ or ‘based on previous observations’ as in clozapine and ECT; we might mean ‘biologically understood’ as in Troponin I. The truth is, when we ask if psychiatry is ‘science’ we use a vaporous term in a particularly cloudy way, and we should not be surprised to find ourselves lost.

Is Psychiatry an Art?

Clearly medicine is to some extent science. Is it art as well? In famously extolling the significance of the doctor’s whole relationship with the patient, Peabody (1927, p.877) asserts that medicine “is an art, based… on the medical sciences, but comprising much that still remains outside the realm of any science”. Those skills that Dr Peabody exalts in person-centred care – listening, compassion, communication – are reasonably called the ‘art’ of medicine’. Furthermore, just as clinical medicine is *applied science*, so that *application* could be construed as an art: a skill, acquired by experience, executed with creativity.

There is a claim to be made that psychiatry is in fact the most artful of specialties. Perhaps its aforementioned limitations in science are precisely why there may be a special kind of art to psychiatry. By requiring more behavioural interpretation, more communicative prowess, more psychological insight, maybe psychiatry is even more of an art than other areas of medicine. Indeed, a 2000 RANZCP Congress poll found that 94% of Fellows present agreed that “the humanities are as important as the sciences in the proper practice of psychiatry” (Bokey & Walter 2002, p.398). It seems unlikely that surgeons, gynaecologists and radiation oncologists would agree in such numbers with that statement if spoken of their specialty.

However, just as ‘science’ is an imperfect descriptor for psychiatry, so too ‘art’ seems hopelessly limiting. We could not call psychiatry an art *at the expense* of its genuine need for scientific rigour, shared terminology and sound methodology. Further, psychiatrists are of course not artists who can make or break the rules as they see fit. In this sense we do not use the term ‘art’ as we do to describe painting or theatre, for psychiatry is not merely creative, expressive, didactic, or critical. It is also pragmatic, has aims, and serves a purpose – it is healthcare, first and foremost.

Saunders (2000, p.18) rightly asks what we are doing when we call medicine an art: “Does it amount to anything more than romantic rhetoric—a nod in the direction of humanitarianism?” The problem of ambiguous terminology is even more telling here than before. When we ask whether psychiatry is ‘art’, what exactly are we asking? By ‘art’ we might mean bedside manner, compassion or interpersonal

skills; we might refer to some kind of talent or ability to interpret and understand people; we might mean creativity, imagination or metaphor; we might mean the ethical dimension of practice. In canvassing the views of psychiatrists on whether their field is an art, one study found first-hand how indeterminate that word can become: “Art was ‘social science’, ‘clinical skills’, ‘rapport’, ‘dealing with patients’, ‘music’, ‘background knowledge’, ‘philosophy’, ‘conceptualization’, ‘humanities’, ‘literature’, ‘culture’, ‘psychotherapy’ and ‘ambiguity’” (Chur-Hansen & Parker 2005, p.416). Once again, by asking our questions with muddy imprecision, we probably ask the wrong questions altogether.

Questioning the Question

The plainest answer to the question, ‘Psychiatry: art or science?’ is “both”. Perhaps the safe option is to call psychiatry an ‘artful science’ or a ‘scientific art’. However, the plainest or safest answer rarely offers the most insight. Instead, what is needed is to question the question.

“Psychiatry: art or science?” is a question based both on ambiguous terms and on a false dichotomy. We have already clearly seen the ambiguity of the terms. The reality of the false dichotomy emerges when we realise that these ambiguous terms have been unfairly opposed. The things we are nebulously calling ‘art’ – creativity, reflection, talent, and human interaction – are all intrinsic to the process of science. Likewise, that which we imprecisely label ‘science’ – proven methods, evidence-based techniques, and widely accepted paradigms – are central to much of what we are calling art. There is an art to science, and a science to art.

‘What is art?’ and ‘What is science?’ are indeed two questions whose answers will determine our evaluation of psychiatry as one or the other, but a third question looms: What is psychiatry, anyway? In one way that is what we have been asking, but in another, its answer has been assumed all along. For psychiatry is surely a wide stream, swimming together in which are biological researchers and narrative psychotherapists alike. To subsume each under the umbrella of psychiatry may be fair enough. However, to then take the leap of identifying the whole umbrella, and all that lies beneath, as either ‘art’ or ‘science’ is surely an overreach. Simple dichotomies can sometimes appease our insatiable desire to categorise, but they rarely make insightful sense of complex diversity.

Conclusion

How then shall we answer our question? Psychiatry: art, science, both or neither? The paradox is that we *must* ask the question, but we also must question it. In its self-contradictory divergence, questioning the question makes our enquiry both harder *and* easier – easier, because we are forced to refine and clarify, and harder because in so doing we discover yet more ambiguity and mystery. In each sense, though, the question is made more worthwhile. For at the centre of clarity and mystery is all science and all art, indeed all human knowledge and experience, and certainly all of psychiatry.

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