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Andrew Scull

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I admit that my suspicion that the list-like tendency in the articles was encouraged at the editorial level was born upon reading Weisz's "From Clinical Counting to Evidence-Based Medicine" in the book's "Afterthoughts". In this article Weisz confesses that in preparation for the conference on which the book was based, he performed a search on PubMed "for articles that contained the term 'evidence-based medicine'" (p.382). That is to say, Weisz prepared himself for the conference by making a list. There is a bizarre resonance between the topic at hand and the approach taken to the project. That is, both are attempts to render quantitative accounts of dynamic processes.

A final difficulty I had with the book was the lack of definitions. Throughout, authors would introduce terms and actors without definition or explanation. If you are already familiar with some aspect of the quantification of medicine and wish to expand your empirical arsenal, this is a fine resource. These are intelligent articles that present masses of empirical data and research, which can only impress. The project would have benefited, I suggest, from a firmer edit.

ROBYN SMITH
Max Planck Institute for the History of Science

***The Fall of an Icon: Psychoanalysis and Academic Psychiatry*. By Joel Paris.** (Toronto: University of Toronto Press, 2005. 226 p., ISBN 978-0-8020-3933-0 hc. $53 978-0-8020-3772-5 pb. $29.95).

The last half century has seen a sea-change in the fundamental orientation of academic psychiatry in North America. At mid-century, and through the early nineteen-seventies, psychoanalysis was firmly in the saddle. Its acolytes occupied virtually all the commanding heights of the profession, such as they were. The chairs of all but a handful of the university departments in those years were analysts by training and persuasion. Psychiatry attracted growing numbers of applicants for its internships and residencies, and the best of these supplemented their university training with personal training analyses at powerful analytic institutes that remained separate and at a distance from medical schools. Psychoanalytic training was the ticket, if not quite the *sine qua non*, for a successful career as an academic psychiatrist. And high status practice largely consisted of office-based psychotherapy. Patients with severe and chronic forms of mental disorder were for the most part marginalized and ignored by the professional elite, who much preferred their affluent outpatient clientele. At least in theory, psychoanalytic treatment was seen

as potentially relevant even in the treatment of psychosis, and at some ritzy private establishments – the Menninger Clinic, Chestnut Lodge, Austen Riggs, and the McLean Hospital – efforts were made to treat schizophrenics with the talking cure.

On most fronts, the situation in the early twentieth century could not look more different. Virtually every major psychiatry department is headed by a biological psychiatrist, or, more commonly still, a neuroscientist. Psychoanalytic institutes are in crisis and have opened their doors to the non-medically qualified in order to stay afloat. Few residents obtain such training. Psychoanalytic qualifications are disadvantageous for those seeking to advance in academic psychiatry, and certainly not something one would boast of possessing. Clinical practice revolves around psychopharmacology, and discussions of the etiology of major psychiatric disorders emphasize genetics and neurotransmitters. Even the categorization of those disorders has shifted sharply, abandoning Freudian notions in favor of the neo-Kraepelinian nosology of the Diagnostic and Statistical Manual, third edition and its successors.

Trained at McGill (class of 1964) and now heading its department of psychiatry, Joel Paris has lived through this revolution and prospered. *The Fall of an Icon* is his attempt to describe and make sense of these developments, and to give the outcome his blessing. He draws, as one might expect, on his own experiences, but he has also interviewed a quite substantial number of his colleagues, especially in the United States, in order to provide a broader perspective on what has transpired. Canada had initially moved more slowly and circumspectly towards psychoanalysis than the profession south of the border, and had always maintain some contact with the non-psychoanalytic and eclectic approaches that remained popular in Britain, but overall, Paris argues, its trajectory has essentially mirrored that of its larger neighbour to the south.

Paris accurately captures, I believe, some of the central elements that made up the revolution. Psychoanalysis was handicapped by the orientation of its major practitioners towards clinical work and teaching rather than research, by its refusal (or inability) to embrace the methodology of the clinical trial or the rhetoric of "evidence-based" medicine. Its often-interminable length and costs put off patients and insurance companies (except to some degree in Canada, where provincial authorities at times were surprising generous in the coverage they provided for this form of therapy). Most importantly, Paris thinks, its failing state reflects the failure of its treatments to do much for the vast majority of mental patients, a failure that grew ever more difficult to

rationalize or ignore as burgeoning drug treatment regimes offered an alternative that closely resembled more conventional medical practice.

Biological psychiatry, on the other hand, has become one of the central elements of the medico-industrial complex. Enormously profitable pharmaceutical remedies, originally developed serendipitously, have spawned an explosion of basic research aimed at elucidating the mechanism through which these pills "work" - a frenzied effort driven, not just by the pursuit of present profits, but by the search for "designer drugs" aimed at what purport to be specific diseases. The counter-revolution, as Paris shows, began away from the major universities of the Eastern seaboard, centered initially at Washington University in St. Louis, before establishing an important early beachhead at Columbia University. Pushed forward by the advent of modern psychopharmacology and the associated movement to emphasize the importance of reliable (if not necessarily valid) and easily operationalized psychiatric diagnoses, biological approaches triumphed remarkably rapidly across the whole continent. Pushed to the margins, psychoanalysts survive within academic psychiatry as an embattled and ever-dwindling band of clinicians, very popular with fledgling psychiatrists aiming at clinical careers (for whom the analysts' humanism and continuing interest in actually interacting with their patients holds a continuing appeal), but only barely tolerated by the ambitious bench scientists who have largely supplanted them in the positions of real influence in the modern medical school.

For Paris, the explanation of this tectonic shift is a simple one: science replaced non-science, fueled in substantial measure by the discovery of efficacious drug treatments, first for schizophrenia, and then for depression. It would be wrong to suggest that he is wholly hostile to psychoanalysis. He praises it, for example, for its willingness to engage with the patient. But in the end, he sees its demise as inevitable and welcome. On the other side of the coin, he acknowledges some disadvantages to the shift towards biology. There are, he wryly admits, "chairs of psychiatry in the United States who know more about ions than about people", and his discipline "isn't always as much fun." Nor has the science advanced as far or as fast as he would like. But for him, the direction of the forward march is clear, and the advances of the past half century worthy of celebration.

Those uncomfortable with the crude reductionism that underlies modern psychiatry, who are aware of the decidedly mixed evidence that exists on the efficacy of the new drugs, and the iatrogenic dangers they pose, are likely to be decidedly less sanguine. They will point to the vast ignorance that persists about the etiology of most forms of mental

disturbance, and note that an equally vast gulf has opened up between the brain scientists who dominate academic psychiatry and the clinicians forced to grapple with the misery that is mental illness. And they will surely dissent from the Panglossian portrait drawn here of modern psychiatry, noting the sharp decline in the popularity of the specialism among medical students, and the discomfort future practitioners exhibit towards the narrow biologism that their superiors attempt to promulgate.

ANDREW SCULL
University of California, San Diego

Histoire des orthophonistes et audiologistes au Québec, 1940-2005. Pratiques cliniques, aspirations professionnelles et politiques de la santé. **Par Julien Prud'homme.** (Montréal : Presses de l'Université du Québec, 2005. xvi + 149 p., notes, bibl. ISBN 2-7605-1378-5 25 $)

Le Canada consacre environ 10% de son produit intérieur brut aux dépenses de santé. Au niveau d'une province comme le Québec, les dépenses publiques représentent plus de 40% du budget de l'État. De ces sommes, plus de la moitié sert a rémunérer les personnels qui offrent les services ; de plus, ce sont les professionnels les plus qualifiés qui, au jour le jour, décident comment sera dépensée une bonne partie de l'autre moitié des sommes disponibles. C'est dire l'importance de ces groupes d'experts tant dans l'économie du pays que dans la vie de ceux qui leur confient leurs problèmes de santé. Pourtant nous savons peu a leur sujet; au Québec, ce n'est que récemment que les historiens et les sociologues ont commencé à s'intéresser aux professions de la santé, d'abord aux médecins, ensuite aux infirmières et plus récemment aux pharmaciens. Les professions dites paramédicales ont été peu étudiées, avec des exceptions comme la physiothérapie et la diététique, objets de quelques études récentes et maintenant l'orthophonie et l'audiologie avec la publication de cet ouvrage de Julien Prud'homme.

L'auteur retrace les origines de ce qui était au départ un groupe plutôt indifférencié, entièrement sous contrôle médical. En effet, c'est sous l'impulsion du pionnier de la réadaptation au Québec, Gustave Gingras, que le premier programme de formation francophone commence à prendre forme au milieu des années 1950. Des services spécialisés en rééducation de la parole et en surdité existaient déjà depuis une dizaine d'années dans les hôpitaux pour enfants de Montréal et il y avait même une société professionnelle regroupant le petit nombre (p.12-15) de spécialistes de ces problèmes, tous formés a l'étranger. L'accès à la