

# PSYCHIATRY'S ANXIOUS YEARS: DECLINE IN ALLURE; AS A CAREER LEADS TO SELF-EXAMINATION

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## ABSTRACT (ABSTRACT)

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"I think 1980 was a bottoming-out year," says Dr. Taintor, "but it would be nice to have another solid year of gain to confirm the change." Indeed, some contend that the dismal days of psychiatric recruitment are already past. Others are not nearly as optimistic, and argue that psychiatry will never flourish to the extent that those who entered the field in the 1950's and 1960's once expected.

## FULL TEXT

AMERICAN psychiatrists are increasingly distressed because they believe too few medical school students are being attracted to the profession to keep psychiatry vital and to meet the nation's mental health needs.

Some psychiatrists conclude that the decade-long plunge in interest that led to the current situation reflects a disillusionment on the part of medical students over the scientific validity and practical effectiveness of the discipline. They also point to student dissatisfaction with a prospective income that has become relatively low in comparison to that of other physicians.

From 1970 to 1980 the percentage of medical students drawn to psychiatry fell from above 11 percent to less than half that proportion. That dramatic decline has become a force compelling a profession that often encourages introspection in its patients to engage in some intensive self-scrutiny of its own. As a result of this critical evaluation, efforts are under way to raise the scientific quality of psychiatric education in medical schools, to promote recruitment into the field and to improve the public's esteem for psychiatry.

Some leaders in what was once a fast-growing specialty believe that a slight, recent increase in student applications may indicate that the problem is diminishing. Others, however, insist that it is too soon to tell.

Dr. Herbert Pardes, director of the National Institute of Mental Health, wrote recently, "Over the past decade psychiatry's recruitment problems have been a serious challenge; our inability to attract the young has been viewed as a distressing critique of the field."

Moreover, career interest in psychiatry has plunged just when many medical experts say the nation is facing a shortage of psychiatrists. For instance, the federally commissioned Graduate Medical Education National Advisory Committee has projected that while the nation will have many more physicians than it will need by 1990 and that most specialties will be in surplus, there will be only 80 percent of the general psychiatrists needed by then, and only 45 percent of the child psychiatrists.

Psychiatrists, unlike other mental health workers, are trained to perform medical procedures, such as administering drugs and diagnosing a wide range of organic disorders, as well as treating emotional problems with the "talking cure."

The reluctance of medical students to enter the field is especially galling and demoralizing to psychiatrists who remember their discipline as the fastest-growing medical specialty in the heady years after World War II.

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Although there are many forums in which to judge the merits of psychiatry, the declining interest among medical student is seen as a particularly painful indictment.

What the waning enthusiasm for their field has forced psychiatrists to confront more directly is their low position on the medical profession's totem pole. An analysis of research on medical students by two psychiatrists, Dr. Arthur C. Nielsen 3d and Dr. James S. Eaton Jr., found that the students "viewed psychiatry, even in the best of recruitment times, as low in status, low in efficacy, high in potential for inducing anxiety" among practitioners, and "practiced by generally well-meaning, intellectual, kindly but somewhat fuzzyminded and, at times, downright neurotic practitioners."

Dr. Nielsen and Dr. Eaton presented their conclusions in the Archives of General Psychiatry. They said the students' negative experiences in medical school, along with "confusion about the appropriate roles and skills of psychiatrists," and the growth of the "family practice" specialty (a relatively new trend in which physicians are returning to the concept of the general practitioner) had all helped persuade medical students to enter other specialties.

The students have been disconcerted by a large influx of people into the therapy business from a variety of other backgrounds - including psychology, social work and pastoral counseling. Not only do these often highly trained professionals offer economic competition but they can make the student wonder why an arduous medical education is needed to do similar work.

Then there's the worry over earnings. With an average net annual income of \$70,600 in 1981, the psychiatrists were next to the bottom of the medical profession, according to the American Medical Association's Center for Health Policy Research. Only pediatricians, at \$65,100, made less. Surgeons and anesthesiologists led with incomes of \$118,600.

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Adding to the economic concerns of prospective psychiatrists is the awareness that insurance plans are often wary about bearing the costs of psychiatric treatment (a wariness that, like the recruitment problems, has impelled the field toward demonstrating it is more effective than its image sometimes allows).

Applications for training in psychoanalysis, a specialty within psychiatry, have also declined in the past decade. Since practitioners of analysis might only treat eight or 10 persons a week, "some people feel they want to touch a larger number of patients," says Dr. Sonnenberg of the Washington School of Psychiatry.

As for the general decline in psychiatry, some blame the withering criticism the field has received in recent years. One of the most outspoken critics is Dr. Thomas S. Szasz, a professor of psychiatry at the State University of New York at Syracuse.

Dr. Szasz has argued for years that "these things called mental illnesses are not diseases at all but part of the vicissitudes of life," dismissing psychiatry as a specialty without a medical cause.

"In the smoke-filled rooms," Dr. Szasz says, "time and time again I've heard the view that Szasz has killed psychiatry. I hope so."

A number of psychiatrists readily acknowledge that their profession must share a large portion of the blame for its problems. Dr. Pardes has written of the "boomerang of psychiatry's overpromises in the 1950's and 1960's." Even with expanded resources and hundreds of community mental health centers, psychiatry could not solve the nation's mental health problems or eliminate its mental hospitals.

In the late 1960's and early 1970's, according to Dr. Arnold M. Cooper, director of education in the department of psychiatry at the New York Hospital-Cornell Medical Center, "Psychiatry went through a terrible state of confusion. It was not clear whether we were doing medicine or promoting social welfare."

Dr. Cooper and others point to the elimination of the medical internship requirement for board certification in psychiatry in the early 1970's. Having since decided that the medical internship was, indeed, needed, several institutions have reinstated it as part of a psychiatric residency.

Dr. Stuart C. Yudofsky, vice chairman of the psychiatry department at Columbia University's College of Physicians and Surgeons, says, "There was too much emphasis on social theory rather than on the biological and pharmacological triumphs of psychiatry. We turned people off by not being crisp and scientific enough."

As psychiatric recruitment began to fall sharply in the early 1970's, many psychiatrists seemed to want to ignore the troubling development.

"The enormous size of the issue didn't begin to hit us until the late 1970's," says Dr. Carolyn B. Robinowitz, deputy medical director of the American Psychiatric Association.

In response, a conference centering on the need to promote psychiatric recruitment was held in San Antonio. The conference recommended, among other things, improvement in the quality of psychiatric education and urged greater efforts to alert medical students to the need for more psychiatrists.

Perhaps in part as a result of the enhanced recruitment effort, the number of medical schools with student psychiatric clubs has increased from 60 now from seven in 1978. Dr. Yudofsky of Columbia also credits the increased emphasis on psychiatry's scientific content as part of the explanation for a recent rise in graduates

choosing psychiatry at his institution.

In the opinion of Dr. Pardes and others the scientific content of psychiatry has improved both in research and in a more sophisticated understanding of the biological underpinnings of many serious mental disorders.

"I think the field is going on a more sober course," Dr. Pardes says. And he views the increased scientific training as vitally important: "It has become increasingly clear that the critical need in mental health is for people who can bring the psychology and the biology together."

But there is reason for hope in the latest recruitment figures. The percentage of medical school graduates choosing psychiatric residencies has moved to about 5 percent this year from about 4 percent in 1980.

"I think 1980 was a bottoming-out year," says Dr. Taintor, "but it would be nice to have another solid year of gain to confirm the change." Indeed, some contend that the dismal days of psychiatric recruitment are already past. Others are not nearly as optimistic, and argue that psychiatry will never flourish to the extent that those who entered the field in the 1950's and 1960's once expected.

"I've had a wonderful career," says one middle-aged Northeastern psychiatrist, "but if I were a young person today I don't know if I would do it over again. I see the reluctance of people to go into therapy and the reluctance of insurance companies to help them pay for it. I would be concerned about developing skills that would be of no use. It would concern me that I might become a dinosaur."

### Illustration

Graph of percentage of US medical school graduates entering psychiatry

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