

A Note from the Editor

The practice of psychiatry, though a very young specialization within the field of medicine, was historically restricted to practitioners holding the Doctor of Medicine degree. It covered a wide ranging field of interests and clinical practices, including, but not restricted to, a combination of psychotropic drugs and psychotherapy. Since Harry Stack Sullivan (1892-1949), psychiatry has been redefined by him and his colleagues at the William Alanson White Institute of Psychiatry in New York City and the Washington School of Psychiatry in D.C. as the study of processes that involve or go on between people. The field of psychiatry is the field of interpersonal relations, under any and all circumstances in which these relations exist. Not everyone in or out of medical practice agrees with Sullivan and his colleagues, but the sentiment within the broader counseling profession is that this more expansive and psychogenic definition is now more commonly employed in today's complex world of clinical psychotherapeutic and medical practice than the old traditional and restricted biogenic definition circumscribed by psychotropic medical intervention.

Medication and counseling, and a varying combination of the two, make up what today is thought of as the appropriate treatment of mental illness. Based on whether the diagnosis of the presenting mental disorder is biogenic or psychogenic in nature, either psychotropic drugs or psychotherapy must necessarily define the

treatment prescribed. Psychopharmacology and psychotherapy are both considered appropriate methods of treatment depending, of course, on the diagnosis. The present state of psychiatry, dominated by the insurance industry's jurisdiction in terms of coverable fee-based treatment, has been somewhat restricted in the use of psychotherapy, in deference to psychopharmacological intervention. Within and without the profession there is a general consensus that the practice of psychiatry has suffered from these fiscal constraints and, therefore, a reliance upon social workers trained in counseling has become the normative practice within psychiatric treatment when a psychogenic illness has been diagnosed.

If Sullivan and company's expanded definition of psychiatry is embraced, namely, that this field of medicine deals fundamentally with interpersonal relationships, and the medical community is in agreement that both drugs and counseling are appropriate modalities of treatment, based upon the diagnosis, then a companionship of psychopharmacology and psychotherapy in psychiatric practice seems most reasonable and desirable. Biogenic illnesses are subject to psychopharmacological treatment whereas psychogenic illnesses are the domain of psychotherapy. In the best of all possible worlds, a complimentary relationship of these two modalities of treatment (psychopharmacological and psychotherapeutic) would constitute the ideal situation in any clinical practice. One need not adhere to the extremism of Thomas Szasz to see the value of pursuing a balanced diagnosis and treatment of mental illness using both drugs and counseling. The exploration of both modalities of treatment, pointing out the value of each within their own parameters of jurisdiction and practice, would serve as a significant contribution to the discussion of the relationship between medication and counseling in the treatment of mental illness and the nurturing of mental health.