

INTEGRATIVE VS. INTEGRATOR IN PSYCHIATRY

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The polyvalent character of the theoretical references in psychiatry represents a part of its own history, the same as the conflicting nature of these polyvalence developing during the years. One of the theoretical aspects from the past can be finding even in actual concepts, but these are not a terminus point in our looking for definition and boundary of psychiatry. So, how can we define psychiatry today? Is it an integrative or integrator discipline of medicine? According to the definition from the dictionary, *integrative* means “relating to a multidisciplinary, holistic approach to medicine that combines conventional treatments with alternative therapies such as homeopathy or naturopathy”. And *integrator* means one that integrates.



Integral psychiatry is on the rise for patients desiring a more holistic, mind-body approach to mental health care. The term *Integral*, as developed by contemporary philosopher Ken Wilber, refers to that which is whole, comprehensive and balanced. Thus, people present for psychiatric treatment with a wide range of physical symptoms, such as problems with sleep, energy, concentration and tension. They have psychological and emotional symptoms such as anxiety, sadness, guilt, anger, obsessive thought patterns, confusion, demoralization, despondence, etc. The heart may be closed or filled with a pain that cannot be readily identified. Relationships suffer. The sense of vital, healthy self may be lost and there may be a general sense that life no longer has the same purpose and meaning that it once had. Healing is the art and science of restoring wholeness, balance and meaning. It is bringing the dysfunctional and disconnected parts of a person's life, either physical, psychological, emotional or spiritual, back into healthy relationship.

When one pays attention to the whole person, curiosity begins to grow as to what is needed for healing. Is it primarily a biological problem of regulation, treatable with medicine? Will it be the healing relationship itself, where a person is finally free to be open and honest with themselves and another? Is it in gaining insight and becoming aware of the underlying thoughts, belief systems, emotional conflicts and yearnings that have been unconsciously played out in life? Is it about finding one's place in the larger web of life? Clearly it is a combination of many factors.

An integrative approach uses as large a framework as possible to work with and integrate these various domains of life. As such, the treatment relationship becomes inclusive of a wide range of tools. These ranges from focused mindful listening, psychopharmacology and specific psychotherapies to healing approaches such as hypnotherapy, meditation, the use of spiritual wisdom traditions and mind-body integration healings.

On the other hand, what is integrator in psychiatry? For example, a principal lesson to be learned from observing neuroscience, neurology and psychiatry in the past century has been how often predictions have proven wrong. Neurology and psychiatry are likening to Winston Churchill's

characterization of the United States and Great Britain “two countries separated by a common language”. For us, that common language is neuroscience. The neuropsychiatrist Eric Kandel wrote perceptively of psychiatry and neuroscience: “The details of the relationship between the brain and mental processes – precisely how the brain gives rise to various mental processes – is understood poorly, and only in outline. The great challenge for biology and psychiatry at this point is to delineate that relationship in terms that are satisfying to both the biologist of the brain and the psychiatrist of the mind... As a result of advances in neural science... both psychiatry and neural science are in a new and better position for a rapprochement... that would allow the insights of the psychoanalytic perspective to inform the search for a deeper understanding of the biological basis of behavior.

With the advent of psychopharmacology, psychiatry was changed, and that change brought it back into the mainstream of academic medicine.... When it comes to studying mental function, biologists are badly in need of guidance. It is here that psychiatry, and cognitive psychology, as guide and tutor, can make a particularly valuable contribution to brain science.... [They] can define for biology the mental functions that need to be studied for a meaningful and sophisticated understanding of the human mind”.

James Jackson Putnam told the members of the Massachusetts Medical Society in 1899 to “Remember, when you go to see your patients, that it is after all the man, not the disease, that you are called upon to treat”. Physicians and scientists now accept that brain chemistry plays a role in mental illness, since medications for it are effective. But we also recognize that the best therapeutic responses seem to come from combining treatment modalities, both administering medication and talking to the patient.

Psychiatry presents aspects of specificity and delimitation of the object of knowledge. It is very difficult to determine an external boundary, that’s why it is necessary to discuss about interdisciplinary and also to establish internal frontier. The evolution of psychiatry reflects the knowledge about natural and human science, organized in many theoretical concepts, sometimes antagonist concepts, but with a certain scientifically value and philosophical signification. Thus, psychiatry could be integrative and integrator between medical disciplines.