Divergent Fates of the Medical Humanities in Psychiatry and Internal Medicine: Should Psychiatry be Rehumanized?

Bret R. Rutherford, M.D., David J. Hellerstein, M.D.

Objective: To determine the degree to which the medical humanities have been integrated into the fields of internal medicine and psychiatry, the authors assessed the presence of medical humanities articles in selected psychiatry and internal medicine journals from 1950 to 2000.

Methods: The journals searched were the three highest-ranking psychiatry and internal medicine journals on the Institute for Scientific Information’s Impact Factor rankings that were published in English and aimed at a clinical audience. Operationalized criteria defining the medical humanities allowed the percentage of text in the selected journals constituting medical humanities to be quantified. Journals were hand searched at 10-year intervals from 1950 to 2000. Mixed effects models were used to describe the change in medical humanities over time.

Results: The percentage of text within psychiatry journals meeting the criteria for medical humanities declined from a peak of 17% in 1970 to a low of 2% in 2000, while the percentage of humanities articles in internal medicine journals roughly doubled from 5% to 11% over the same time period. A linear model increasing over time best fit the medical humanities in the internal medicine journals, while a cubic model decreasing over time best fit the psychiatry humanities data. Humanities articles in medical journals had a greater breadth and diversity than those in psychiatry journals.

Conclusion: Medical humanities publications dramatically decreased over time in psychiatry journals while they more than doubled in internal medicine journals. These data suggest the need for further empirical research and discussion of the potential roles of the humanities in psychiatry.


“In a larger sense, the biological study of mind is more than a scientific inquiry of great promise; it is also an important humanistic endeavor. The biology of mind bridges the sciences—concerned with the natural world—and the humanities—concerned with the meaning of human experience. Insights that come from this new synthesis will not only improve our understanding of psychiatric and neurological disorders, but will also lead to a deeper understanding of ourselves” (1).

–Eric Kandel, M.D.

Exciting progress has been made in psychiatric research over the last 20 years, including the development of new brain imaging techniques, clues into the genetic basis of mental illness, and acceptance of the randomized clinical trial as the means for establishing evidence of treatment efficacy. With these advances, neuroscience has rapidly supplanted psychoanalysis as the dominant force in American psychiatry and has changed the focus of scientific inquiry from mind to brain. This paradigm change is discernible in the papers presented at annual meetings of APA and the brain-image-dominated covers of journals such as The American Journal of Psychiatry.

In contrast, the field of internal medicine has followed a different course. More distant 18th and 19th-century technological advances moved medical practice away from the bedside to the laboratory and reading room (2). The growth of government-sponsored research after World War II resulted in a dramatic increase in medical specialization and mechanization (3). The rise of evidence-based medicine restricted what counted as informative data to population-based numbers, and doctors were perceived to lose their focus on the individual (4). By the 1980s, technological optimism was tempered by concern that doctors seemed unable to recognize the meaning of patients' ex-
perience of illness (5). A schism formed between the biomedicine sciences and the humanities disciplines such as philosophy, anthropology, and literature, which fed perceptions of a harmful medical reductionism (6). Patients alienated by this reductionistic model of scientific medicine often opted for nonevidence based treatments which could actually be harmful (7).

In response to this growing crisis, some internal medicine physicians turned to the humanities in an attempt to refocus attention on patients’ experience of illness and doctors’ experience of caring for them (8). A new discipline, the medical humanities, emerged to bring perspectives of disciplines such as philosophy, art, literature, film, and anthropology to bear on understanding health, illness, and medicine (9). Importantly, the goal of this movement was not to restore a pretechnological harmony between doctor and patient, but rather to add a humanistic view to a scientifically competent medicine, thereby giving the objective facts of health and illness meaning for individual patients (10).

Many benefits have been adduced by proponents of the medical humanities (11). For example, exposure to the medical humanities may facilitate engagement with patients, giving physicians the skills to empathize with patients facing the tragedy of illness and patients the courage to be open with their doctors (12, 13, 14). Medical humanities have been increasingly important in physician education as a way of enhancing attunement to individual patients’ concerns, the meanings of illness and health, ethical care, and cultural issues (15, 16). Studying art and literature may also rebuild medical idealism and offer a window into suffering and injustice (17). Medical humanities are now a significant part of the curriculum in many medical schools (18, 19) and even form the basis for graduate programs (20).

The aim of this study was to investigate the prevalence of medical humanities articles over time in selected psychiatric and internal medicine journals. The primary hypothesis was that the percentage of overall journal text devoted to the medical humanities would increase in medicine and decrease in psychiatry for the time period studied. In addition, the breadth and diversity of the medical humanities was expected to be greater in the medical journals compared to the psychiatric journals.

Methods

Journal Selection

Feasibility issues prevented review of all psychiatry and medicine journals. Instead, the three leading clinical journals of each field were identified by referencing the Institute for Scientific Information’s (ISI) 2004 Impact Factor rankings of psychiatry and medicine journals (21). The three highest-ranking journals that were (a) published in the United States and (b) aimed at a clinical audience were selected for review. These journals were The New England Journal of Medicine, Journal of the American Medical Association, Annals of Internal Medicine, The American Journal of Psychiatry, The Archives of General Psychiatry, and The Journal of Clinical Psychiatry.

Definition of Humanities

Two definitions of the medical humanities, one broad and one narrow, were used for the purposes of the study. An article met criteria for the broad construct, termed “Medical Humanities,” if both a significant portion of its content (i.e., greater than or equal to 50% of the written text) and a major focus of the article was a topic in a humanities field. Humanities fields included literature, art, philosophy, ethics, history, religion, anthropology, cultural and gender studies, sociology, and education. Psychology per se was considered a social sciences category rather than a humanities category for the purposes of the study. The “content” and “main point” criteria existed to ensure articles mentioning humanities topics briefly, or only for purposes ancillary to the point of the article, were not included.

The narrower construct, termed the “Arts,” comprised descriptions of first person experience, fiction, poetry, commentary on the doctor-patient relationship, painting, and writing about the arts. While the “Medical Humanities” construct was defined so as to overestimate the humanities present, the “Arts” was defined such that no one could argue whether one of its members constituted humanities writing. Though this construct was defined to quantify humanities writing with which no one could disagree, the humanities literature also suggested such writings may be among the most fertile areas for potential integration with biomedicine.

Data Collection

The selected journals were sampled at six time points: 1950, 1960, 1970, 1980, 1990, and 2000. One author (BRR) hand-searched every issue of all six journals in the 6 years sampled. Each page of text was reviewed to determine whether it met the above criteria. The first page of each article was photocopied to permit examination by a second judge should categorization be unclear. Disputes between judges were resolved by discussion and reference to the