An Anti-Thought about Neurobiological Approach in Psychiatry

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According to the World Health Organization, neuropsychiatric disorders account for at least 20% of the global burden of illness-related disability, and all represent complex disorders of brain function [1]. The development of neurobiological research is giving another dimension to the understanding and execution in psychiatry.

Psychiatry has been continuously evolving and changing. Given the continued ambiguity of the brain-mind relationship, unresolved questions remain of 1) how can, and perhaps should psychiatry proceed to formulate a viable system of characterizing mental normality and abnormality, and 2) how might such formulation affect the scope and tenor of psychiatric practice? Such questions are not esoteric or merely academic. Rather, in light of ongoing progress in genetics and neurobiology these questions reveal genuine challenges, and form the groundwork upon which a new diagnostic schema for, and definition of psychiatric profession and approach might be constructed [2].

Psychiatry, like neurology, rests on a foundation of clinical neuroscience. It also encompasses and is informed by a broad range of basic biological and social sciences and has at its disposal many tools (e.g., brain imaging, genetics, neuro-psychopharmacology, neurophysiology, epidemiological models of risk and protective factors, and neuropsychology) for developing new assessment and treatment approaches, grounded in understanding of aetiology and pathophysiology and there is a lot of focus on these approaches [3].

These neurobiological approaches in psychiatry are on the track of giving a simplistic view of mind, structuralizing the mental illnesses, giving the concreteness to the thoughts and making molecules of the emotions. These approaches are helping to develop psychiatry akin to other medical fields and giving a better understanding of etiopathology. Although the research in the neurobiological field is highly warranted and promising but it gives birth to a few questions in the mind of a common clinician.

Is not this approach 'Over Simplistic'?

This approach places too much emphasis on biology when clearly humans are influenced by many other factors.

Is not it giving birth of 'Reductionism'?

This approach explains complex emotions, behaviors and thoughts in terms of simple biology although there may be a more complex explanation.

Or simply saying, won't it be a 'Mindless' understanding of brain, although in the past the understanding of psychiatry was said to be 'Brainless'?

A potential result of such biological reductionism would be the fragmentation of psychiatric care to a point that the psychiatrist would solely diagnose illnesses and prescribe medications, with a concomitant de-emphasis on the psychological and social aspects of causation and remediation of mental illnesses [4].

But this is not the only face of biological psychiatry, since it is and has been helping in the better understanding of psychological dimensions of human behavior and illness. It has also been helping to explain and predict the inter-individual variations in treatment responses. If and hopefully yes, the psychiatric professionals keep their feet on the basic soil of human touch, emotion, empathy and spiritualilty, then touching the skies of neurobiology and genetic research will be a boon for the field, although the ground may be slippery for a few - the time will tell. So till the time gives its statement a cohesive approach of basic human touch with neurobiological and other advances is the key where no one surpasses other and both go together.

Competing Interests

The authors declare that they have no competing interest.

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