EDITORIAL
JOSHUA BIERER AND SOCIAL PSYCHIATRY

In this edition the Journal publishes a paper by Professor Robert Cawley which sets out to review the contemporary relevance of the thought of Joshua Bierer. Bierer was the founder and long-time editor of the International Journal of Social Psychiatry. In a publishing career spanning more than 45 years his books, papers and letters cover a wide range of themes. However Bierer’s core work stems from a period in the 1940s and early 1950s when he tried to apply his insights as an Adlerian psychotherapist to general psychiatric practice. Adler, one of the dissenting early disciples of Freud, was an originator of social psychological theories of personality (Hall & Lindzey, 1970).

Bierer’s work consistently emphasised the importance of the relationship between the individual and the social group. He was a pioneer of group psychotherapy and the therapeutic community (Bierer, 1942). In an early paper he reported on his work as a psychotherapist in a public mental hospital (Bierer, 1940). This led on to the development of a self-governed patients’ social club within the hospital (Bierer & Haldane, 1941) and subsequently social clubs for patients outside the hospital (Bierer, 1949). The extrahospital social club in turn led to the day hospital (Bierer, 1951).

The first psychiatric day hospitals in the Western World were opened simultaneously in 1946 by Bierer in London and Cameron in Montreal (Bierer, 1961). In an important paper Bierer (1959) outlined the values and conceptual basis of his vision of a day hospital. He believed that “mental patients should be met and treated in the same way as one meets and treats so-called normal people” and that “faulty or inadequate relationships are one of the causes of mental illness.” Accordingly “treatment of an experiential and situational nature, using the social group, is more effective.” The description of the practice at the Marlborough Day Hospital is a fascinating mixture of the dated and the contemporary. Diagnostic labels were avoided in favour of “as full a picture as possible of the total situation.” Available treatments included “occupational therapy, individual psychotherapy or group therapy of a didactic, analytic, or syntho-analytic type, group discussions, club therapy, art, drama, or physical treatment (such as electroconvulsive therapy, lysergic acid, insulin, tranquilisers, abreaction)” (Bierer, 1959). This heady mixture of social club, therapeutic community and psychiatric clinic is apparent in many contemporary day hospitals and day centres. Whether this model of day care is appropriate to contemporary psychiatric practice is, however, very arguable (Holloway, 1988).

The map of Social Psychiatry has been utterly transformed since Bierer’s pioneering efforts. Superficially the most striking change has been the divorce between Social Psychiatry and Psychotherapy (which were part of the same Section of the Royal College of Psychiatrists when it was founded). More profound has been the application of epidemiological techniques to the investigation of the social origins of psychiatric
disorder, which can excitingly contribute to collaborative studies of biological and genetic factors.

Professor Cawley ends his paper by noting the breadth of the research agenda encompassed by contemporary social psychiatry, which is now a highly numerate discipline. The contents of the current issue of the Journal demonstrate the wide scope of 'Social Psychiatry' in the 1990s. Papers in this issue review the impact of life events and social circumstances on mental health; investigate societal views towards the mentally ill; study patients’ perceptions of their treatment; and evaluate the functioning of mental health services. The Journal also maintains a strong interest in the importance of cultural factors in mental health and mental illness. Transcultural psychiatry has now moved from the collection of exotic foreign forms of mental illness towards a very intellectually demanding synthesis between social anthropology and psychiatric epidemiology.

Much of Joshua Bierer's writing now appears dated. Ironically the more vague and 'holistic' aspects of his thought, which have been outgrown by current research endeavours, would be highly congenial to many workers in contemporary mental health services. What shines through his early writings is intellectual curiosity, a capacity to innovate and a respect for the capacity of people with psychiatric illnesses to participate actively in their treatment.

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REFERENCES