

LETTER TO THE EDITOR

Dear Editor,

Thank you for the interesting editorial in the last edition of the journal. It is an interesting observation on the state of psychiatry training in Malaysia and the state of medical undergraduate training today.

While classic disciplines like Internal Medicine and Surgery have their own appeal to many, the discipline of psychiatry is somehow fascinating as it deals not only with the apparent, but also the unseen. I agree that it takes more than just great mental ability to cram textbooks and loyalty to our clinical traditions, in this rather elusive art of deciphering the human mind.

It is the discipline of which a clinician has to consider not only the human body, but the human person to help someone meaningfully. As patients present with their own stories of how they end up to the point of needing psychiatric care, it is not a straightforward task but also a creative exercise to attempt communication between two individuals, despite of limitation of language.

It requires storytelling and story interpreting skills, on top of analytical skill to gain understanding of the complexities of their lives (although many a times it fails to account for them). I would imagine that psychiatrists have the even more difficult task of devising therapies, unlike oncology's chemotherapy concoctions, but creative and sometimes unconventional ways to help patient cope with little resources at their disposal. It takes a whole new level of communication skill and understanding of the nuances of the human language, and the courage to sail into uncharted seas.

In psychiatry, one cannot find a tumour to be excised, fracture to be reduced or even dopamine level to be controlled, but is confronted with a person and one's story in front of the desk, complex, broad and deep. It takes a lot more than just academic ability, to understand another person and also the more difficult task of understanding the world that we live in.

How else would we gain understanding of the common world that we live in, unless we first understand our own existence? I cannot agree less that our understanding can be better informed, when we consider seriously the wealth of our shared human understanding passed on by our forebears, not only in psychiatry like Carl Jung and Emile Durkheim, but also our religious traditions of Rumi, Ghazali and Augustine. Not to be ignored too, our world literary heritage of Tolstoy and Dostoyevsky who described the human condition in stories more real than our textbooks. We could also understand better our society through studying our modern sociopolitical tradition of liberal democracy and its competing ideologies and also our philosophical tradition of rationalism which has shaped our scientific world today.

In our own backyard for example, how can we understand the meaning of suicide amongst Malaysian of Indian ethnicity without first knowing the societal fabric and its historical context? How can we understand *amok* if we do not have sound understanding of Malay society and its evolution since the time of Parameshwara? How can we understand modern day depression and anxiety, if we first do not

have sound appreciation the postmodern condition that give rise to such crippling emotions?

As our existence today is not divorced from our shared understanding of history, I am of the opinion that trainees and students cannot ignore the shared context that we live in, but to read and engage our intellectual traditions and our world deeply.

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Then perhaps psychiatry may be a little bit more enriching for psychiatrists, helping them to be a little bit more comforting to the distressed and our mental health institutions would be a little bit more inspiring to medical students.

Thank you again for raising such pertinent question.