

## Suffering: Neurological diagnosis, psychodynamics and the commodification of medical data

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During the long and tortuous history of scientific research in clinical diagnosis by neurologists, neuropsychiatrists, neuroscientists, neuropsychologists, and other investigators, an unholy alliance has energized the field by virtue of the profit motive, thereby commodifying human suffering through delineating which pill or capsule or injection will be best to manage particular entities of human suffering. This commodification has taken significant roles in the practice of general psychiatry as well. After a period of decades as a teacher of general psychiatry to UCLA residents which incorporated healthy ingredients of humanistic care and the development of the interpersonal orientation and skills necessary to be an effective psychotherapist, I discovered that community mental health centers practiced psychological and psychiatric care in which physicians on the mental health team were assigned to see patients undergoing therapy by non-medical professionals while the psychiatrists were assigned patients to be seen for 15 or 20 minute sessions to check on symptom intensity, side effects, and other physio-logical manifestations of the commodified medications that they were expected to prescribe. The degraded status of psychiatrists in community mental health facilities has led to residency choices at the bottom rungs of the social ranking ladder, and in many ways appropriately so.

### Biography

Harry Brickman graduated with an MD from New York University in 1947 at the age of 23. He was psychiatry resident at Menningers in Topeka KS and at VA Palo Alto and UCSF, served in the US Naval Medical Corps Reserve full time in San Diego, during which time he spent one year part time as post-doctoral mentee with the famed UCSD philosopher Herbert Marcuse. He designed and directed the LA County Department of Mental Health in the 1960s and early 1970s.

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