Almost everyone in our field has been asked this question at least once. It is a question that reflects both the perceptions and the reality of our profession over time. In the 1940s and 1950s, this might have generated a checklist of possible responses including Freudian, Adlerian, Jungian, and so on. Forty years later, the typology focused on separating “biological” psychiatrists from those whose practice remained predominantly or purely psychotherapeutic. The question itself commonly reflects both curiosity and suspicion. It can be a screen question for “Are you weird?” or it can suggest quasi-religious rather than scientific affiliation. It can presume caricatures of the psychotherapeutic—“I care about people”—and the biological—“There’s a pill for every need and a need for every pill”—that do not reflect the reality of practice or the practitioner.

It is hard to imagine our colleagues in dermatology or nephrology being asked what kind of specialists they are, although in pediatrics, family medicine and obstetrics, patients are increasingly “screening” potential physicians for their attitudes and approaches to care. These physicians are being gauged on their treatment philosophies and interactions with people, as our patients often do in first encounters.

Increasingly, psychiatrists refer to themselves as “eclectic” to reflect the incorporation of components of various forms of psychological and biological interventions; the risk, of course, beyond the word sounding very close to “eccentric,” is that it may not reflect a systematic body of knowledge but rather an ad hoc potpourri of approaches. More recently, the idea of integrative psychiatry has attempted to bring more rigour to this admixture (1).

This integration is a reflection of our necessary humility about the etiology of psychiatric disorders. Samuel Guze contrasted etiological vs. rehabilitative perspectives on psychotherapy, with the latter being more modest and testable (2). Since his 1988 article, we have increasing brain-imaging evidence of the mutative effects of psychotherapy on brain function. While this confers legitimacy on the intervention in the eyes of some, we are still far from finding the important pathways from psychotherapy into the brain and back out again into the mind and behaviour. The articles in this special theme issue of the Bulletin provide evidence for rehabilitative psychotherapy. While residents in psychiatry clamour understandably for more teaching in the most validated forms of psychotherapy, popular and public perceptions and expectations of psychotherapy lag decades behind.

Where both our biological and psychological interventions suffer is in the challenge of matching proven treatments to unique individuals. Pharmacogenomics may one day generate predictive powers in selecting medications beyond our current rolling of the dice, choosing by side-effects profile, or mirroring marketing influences. Matching variables studies in psychotherapy may one day generate data on what works for whom. One promising example is the work of Patricia Conrod and colleagues in matching types of psychological intervention to temperamental styles and comparing it with mismatched interventions (3). This systematically does and evaluates what many clinicians do in their offices—tailor the intervention to match the style as well as the disorder of the patient.

Perhaps one day the simple answer to the question posed in this editorial will be “one who blends evidence and experience about what works to help people.” Isn’t that what our patients expect and want?

It has been my privilege to serve as Interim Editor-in-Chief of the Bulletin for the past year, pending a formal search for a successor to Dr. George Awad. Throughout the year, Ms Caroline Kay of the Publications Department of the Canadian Psychiatric Association has wonderfully assisted me; the support and work of the members of the Editorial Board and our contributors has made my task very easy. I am confident that the Bulletin will continue to evolve and thrive in the coming years under the leadership of the new editor-in-chief; as always, the Bulletin welcomes your input and suggestions.

References