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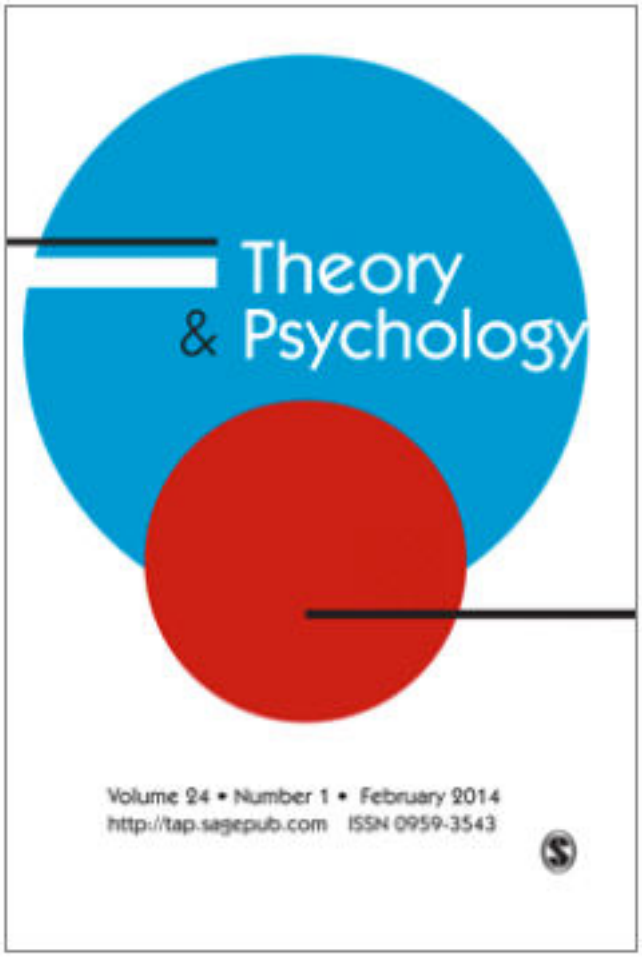

THE HUMANITIES REFORMING PSYCHIATRY

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Man Cheung Chung, K.W.M. (Bill) Fulford, George Graham (Eds.), *Reconceiving Schizophrenia*. Oxford, England: Oxford University Press, 2007. 341 pp. ISBN 9780198526131 (pbk).

Bradley Lewis, *Moving Beyond Prozac,* DSM*, and the New Psychiatry: The Birth of Postpsychiatry*. Ann Arbor, MI: University of Michigan Press, 2006. 198 pp. ISBN 0472031171 (pbk).

Dominic Murphy, *Psychiatry in the Scientific Image*. Cambridge, Massachusetts: MIT Press, 2006. 410 pp. ISBN 9780262134552 (hbk).

ABSTRACT:

The humanities have become increasingly involved in the critique of psychiatry. Scholars in philosophy, literature, cultural studies, and the performing and visual arts see psychiatry not only as a viable subject, but also one for which their contributions have an opportunity to reform this often maligned specialty. Yet despite all the criticism directed towards the field, psychiatry has never in its history enjoyed as much success and esteem as it does today. The following essay reviews three books from the humanities dedicated to reforming psychiatry. It explores the potential success of their efforts given the present success—and entrenchment—of biological psychiatry.

KEY WORDS: psychiatry, reform, humanities, philosophy, cultural studies, subjectivity

The antipsychiatry movement of the 1960s and 1970s that produced critics as diverse as Thomas Szasz, Michel Foucault, and Erving Goffman had a far easier time influencing psychiatry than do present scholars and activists. Accusations that psychiatrists abused their medical authority while people languished in mental hospitals were not easily rebutted given the hospitals' often deplorable conditions. And the zeitgeist of the era, with its attention to civil rights, was a perfect crucible for claiming psychiatry was in the business of pathologizing deviant behavior. Even within the psychiatric community, there was growing discomfort with the lack of well-defined criteria for making diagnostic decisions. Whether reform was needed was less of an issue than how reform should come about.

The situation is radically different today. Despite psychiatry's many detractors, mental disorders are considered normal occurrences; one study concluded nearly half of all Americans will suffer from a mental disorder in their lifetimes (Pettus, 2006, p. 38). Medications are also widely accepted as frontline treatment. For instance, according to Prozac's website (www.Prozac.com), 54 million people worldwide are prescribed the popular antidepressant—and this is just one of dozens of psychopharmocological medications. The profits from psychiatric drugs are staggering: worldwide sales of antidepressants alone reached $19.5 billion in 2003 (Lundbeck, 2004, p. 110). Any suggested reforms of psychiatry must take seriously the extent of the psychiatric enterprise, its entrenchment in the capitalist industrial complex, and the number of people who rely on its continuation.

The decision over thirty years ago to reform psychiatry in the image of medicine has gained the specialty legitimacy and wide acceptance. Nevertheless, criticisms of psychiatry remain high and address topics as diverse as the validity of diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*; the efficacy and safety of the drugs it prescribes; the tendency to pathologize normal human experience; and the failure to adequately treat the severely mentally ill. The books reviewed in this essay also call for psychiatry's reform in varying ways, yet each must confront the same obstacle: what impact can they in a climate where, according to developmental psychologist Jerome Kagan, 'psychiatrists are smug. Their attitude is "We have these drugs, so why should we change?"' (Pettus, 2006, p. 42).

Of the three books reviewed, Bradley Lewis's *Moving Beyond Prozac,* DSM*, and the New Psychiatry* is most reminiscent of the antipsychiatry movement. Lewis brings his training in psychiatry and humanities to the ambitious project of outlining both theoretical foundations and methods for implementing a 'postpsychiatry.' He adopts the term from Patrick Bracken and Philip Thomas, fellow members of the Critical Psychiatry Network, who claim postpsychiatry 'emphasizes social and cultural contexts, places ethics before technology, and works to minimize medical control of coercive interventions' (cited in Lewis, x). Lewis portrays postpsychiatry as an alternative to the 'new psychiatry,' a phrase he uses to characterize the biologically-based model of mental disorders that replaced psychoanalysis through the revision of the *DSM* and increased alignment of psychiatry with pharmaceutical companies willing to fund biologically-based research.

According to Lewis, a fundamental goal of postpsychiatry is overcoming biological psychiatry's atheoretical stance. Lewis envisions the emergence of a 'theorized postpsychiatry' (p. 16) that maintains intellectual connections with poststructural, postmodern, and postdisciplinary thought. Central contributors would include science studies scholars, disability scholars, and feminist and cultural studies of science scholars. Collectively, their work would lead to the formation of a 'cultural studies of psychiatry' (xi). Lewis foresees departments of medical humanities and disability studies acting as conduits of this scholarship to psychiatry departments.

Lewis's implementation of postpsychiatry would extend beyond university campuses, reshaping psychiatric research and creating a new psychiatric community. Drawing from the work of feminist epistemologists of science Donna Haraway, Helen Longino, and Sandra Harding, Lewis advocates 'strong objectivity' for postpsychiatry research as a challenge to what he describes as the monolithic 'Truths' produced by biological psychiatry (p. 151). Strong objectivity involves circumscribing the role of the dominant groups controlling knowledge production by adding the diverse perspectives of the marginalized groups who stand to benefit from (or be coerced by) the resulting knowledge claims. Lewis contends the result would likely be multiple truths about the nature of mental disorders and their treatment, which he believes would more accurately address the needs of psychiatry's diverse stakeholders.

Lewis promotes a 'strong democracy' to implement strong objectivity, a term he adopts from Richard Sclove, the Founder of the science activist group, the LOKA Institute (p. 153). Strong democracy occurs when people actively participate in making decisions about the science and technologies that influence their lives. To initiate a strong democracy, Lewis anticipates extending membership in the American Psychiatric Association—psychiatry's largest organizational body—to patients, family members, interest citizens, clinicians, administrators, researchers, scholars, and members of the judicial system. As a collective, they would reach binding decisions about how the field would progress. Lewis recognizes postpsychiatrists would lose social status in this arrangement. He describes them as becoming 'service people' comfortable with a modest wage and 'equalizing power differentials within the treatment setting' (p. 169).

While I find much appealing about Lewis's vision of an egalitarian postpsychiatry, I see little chance of its implementation. Many I believe would argue Lewis's vision for postpsychiatry is not a shift to a new ordering of the specialty, but rather a return to the 'old' psychiatry that preceded *DSM-III* and the ascendancy of biological psychiatry. Prior to the publication of *DSM-III*, psychiatry had limited research funding, lacked legitimacy as a medical specialty, and psychiatrists' social standing was little better than psychologists and social workers—essentially the same situation that would emerge with Lewis's postpsychiatry.

The novelty in Lewis's book is found in the scholarship he brings together as a foundation for developing cultural studies of psychiatry. The book may be too basic for scholars already applying postmodern, poststructuralist, and postdisciplinary scholarship to psychiatry—the first four chapters are a clearly written, although introductory account of their theoretical foundations—but it would be a wonderful addition to an introductory level course in disabilities studies or medical humanities. One of the chapters, 'Postdisciplinary Coalitions and Alignments,' provides a good introduction to scholarship that could be included in a cultural studies of psychiatry course, while two chapters —'Decoding DSM: Bad Science, Bad Rhetoric, Bad Politics' and 'Prozac and the Posthuman Politics of Cyborgs'—showcase Lewis's talent as a leading scholar in the field. Lewis's book would also be appealing to members of the consumer/survivor/ex-patient movement who would appreciate his comprehensive approach to envisioning a postpsychiatry.

Psychiatry in the Scientific Image is a revision of Dominic Murphy's dissertation and is influenced by a postdoctoral year at Washington University in St. Louis—the same institution where in 1972 psychiatrist John Feighner devised the 'Feighner Criteria' as the foundation for *DSM-III* and a psychiatry created in medicine's image. Similar to Feighner in his objectives, Murphy uses his background in analytic philosophy of science and extensive knowledge of mental disorders to argue for grounding psychiatry in the cognitive neurosciences. According to Murphy, despite their efforts, the original architects of biological psychiatry failed to position psychiatry in the medical model, and his book is an attempt to create the methodological framework for explaining mental disorders that psychiatry needs to become a mature science.

Like Lewis, Murphy attacks the atheoretical approach of the *DSM* and biological psychiatry, and they share a commitment to multidisciplinary approaches to psychiatric knowledge, but this is where the comparison ends. Murphy describes his book as 'deeply reactionary' and 'a qualified defense of the medical model' (p. 10). His goal is to build a better biological psychiatry by remedying psychiatry's current lack of a coherent conception of mental disorders and its over-reliance on folk psychological conceptions of the mind. To support his conclusions, Murphy relies on analytic argumentation, case studies of mental disorders, and analogy [e.g., 'We do indeed have expectations about the psychological aftermath of bereavement. But we also think it's normal to get blisters after ingesting mustard gas' (p. 44)].

Murphy also attempts to create a methodological framework for psychiatric research based on the cognitive neurosciences. He promotes the creation of 'exemplars,' or templates, of mental diseases. Exemplars are the basis of Murphy's theory of classification and contribute to a general theory of human rationality. Reflecting the multidisciplinary of the cognitive neurosciences, exemplars involve multiple levels of explanations of all the contributing causal processes that lead to a particular mental disorder. But as Murphy recognizes, the effectiveness of exemplars is challenged by the divergent and individualized ways in which mental disorders actually occur.

One of the primary goals of Murphy's book is the creation of a 'two stage picture' of mental disorders that divides psychiatric inquiry into two distinct activities: objectively identifying a malfunction and applying normative and socially negotiated conditions to a disorder's consequences. Murphy depicts the two stage picture as follows: 'The first project is what determines that someone has a frontal lobe lesion…. The second project asks if human beings can flourish if they have such physical or psychological legions' (p. 19). Murphy anticipates opposition to his purely objective component of psychiatric inquiry. Initially, he manufactures a defense using idealized representations of objectivists' and constructivists' arguments and concludes the objectivists win. But even Murphy has difficulty maintaining the two stage picture when he must contend with a normative theory of rationality to create his model of the mind. He eventually concedes, 'the justificatory role of the two stage picture cannot be maintained for many psychiatric investigations' (page 151).

One of the many strengths of Murphy's project is his refreshingly antireductionist resistance to elevating molecular-level descriptions of mental disorders above all other levels of explanation. He advocates creating dimensional models of mental disorders that equally favor cognitive, behavioral, neuronal, and social perspectives. At one point, he goes so far as to admonish 'we should guard against assuming that scientific findings have a special status that trumps all other forms of argument' (p. 100). Nevertheless, he denies that social explanations can have a 'genuine explanatory role' unless they can be depicted as part of a material mechanism in the brain (p. 278).

While many psychiatric researchers share Murphy's objective for devising a new theory of classification of mental disorders, particularly with regards to reforming the *DSM*, the question is if Murphy's project goes far enough and in the right direction to actually impact psychiatric reform. With regards to whether it goes far enough, Murphy shares the objections of a psychiatrist who reviewed an early copy of his book and lamented 'conceptual debates were beside the point since everyone now acknowledges that mental illnesses are brain diseases' (p. 46). Murphy's faith in the conceptual power of analytic philosophy of science and the worthiness of promoting psychiatry in the image of cognitive neuroscience leads him to conclude that 'respectable theoretical motivations' will win the day (*Ibid*.). The jury's still out, and they may be deliberating for quite some time. Part of the

problem is the style of argumentation that dominates Murphy's book. Rather than putting forth his project for psychiatry in a straightforward manner, much effort is spent arguing against prior models of mental disorders and other analytical philosophers of science and mind. For example, Chapter 9, 'Classification,' does a wonderful job outlining problems with the current *DSM*, yet Murphy's commitment to discussing all prior arguments on subjects such as natural kinds could lead a reader to hastily conclude the text is written more to solve debates between analytic philosophers than to inform psychiatric researchers.

With regards to whether the project goes in the right direction, it is worth noting that psychiatry has a history of losing mental disorders to neurology once they are firmly established as causally defined brain diseases, no longer requiring observation-based syndromes and patients' subjective reporting to make diagnoses. Some may think Murphy's project is more appropriately described as a method for neurology to annex psychiatry. Even Murphy remarks, 'I do claim that psychiatry is just clinical cognitive neuroscience, not a theoretically separate field' (p. 93). Here Murphy could learn a bit from the constructivists he summarily dismisses. Their analyses of power and the production of scientific knowledge would suggest resistance to such an amalgamation of the two fields in which psychiatry would surely lose out.

Murphy is likely correct when he identifies *Psychiatry in the Scientific Image* as the first book-length project that applies analytic philosophy of science to psychiatry. The amount of territory covered, and the lively engagement with the ideas of Anglo-American philosophers, makes this book a *tour de force* worthy of the attention of philosophers of psychiatry and analytic philosophers of science and mind.

The sixteen chapters in *Reconceiving Schizophrenia* use the philosopher's toolkit to broaden the conception of schizophrenia. The book's editors describe schizophrenia as 'the most devastating disorder seen by psychiatrists,' and insist 'we do not *really* understand it' (p. 1). Yet they do not promote upending the dominant neurobiological model of schizophrenia in search of comprehension. Rather, the editors claim the book's chapters support methodological ecumenism towards the study of the disorder based on 'neural

preferentialism': a commitment to understanding the brain as the 'final pathway' to schizophrenia (p. 4).

The editors frame the contents of *Reconceiving Schizophrenia* in terms of four topics, which together address how philosophy can: contribute to conceptual analyses of symptoms such as delusions and hallucinations; assist with the categorization of schizophrenia; contribute to neurobiological accounts of the disorder; and show how schizophrenia informs how the human mind is organized. Contributors are not limited to philosophers and include psychiatrists, psychologists, a neurosurgeon, and a mental health survivor once diagnosed with schizophrenia. The latter, Colin King, in his article 'They diagnosed me a schizophrenic when I was just a Gemini: "The other side of madness",' shares a moving portrayal of his life and the role racism played in both his development and treatment of schizophrenia. His chapter, like many in *Reconceiving Schizophrenia*, relays the importance of subjective experience for understanding the nature of this disorder.

Phenomenological philosophy plays a central role in nearly a third of the book's chapters. For example, in 'Explaining schizophrenia: the relevance of phenomenology,' Louis A. Sass and Josef Parnas push for the explanatory relevance of phenomenological accounts of psychology, including using phenomenology to identify neurobiological correlates of abnormal consciousness. The chapter explores the Self-World blurring, loss of self, and excessive awareness of one's own mental activity that characterizes schizophrenic consciousness.

In 'Schizophrenia as the sixth sense,' Giovanni Stanghellini focuses on the inappropriate emotional attunements co-occurring with the bizarre word choices that often render the speech of persons with schizophrenia incomprehensible. Using Aristotle's emphasis on the contribution of social knowledge (*sensus communis*) and shared common sense (*koiné aesthesis*) to the formation of self-awareness, Stanghellini depicts schizophrenia as a type of autism that results with the loss of shared social understanding rather than the failure of rational thought.

Anglo-American philosophy also contributes to the conceptual revision of schizophrenia found in *Reconceiving Schizophrenia*. One example is the 'The delusional stance,' in which

G. Lynn Stephens and George Graham argue against the dominant opinion that delusions are a type of pathological belief. They counter that higher order attitudes towards beliefs lead persons with schizophrenia to over-identify with the contents of their beliefs to the exclusion of counter-evidence. Stephens and Graham claim their thesis accounts for the lack of personal insight that they suggest is the hallmark of delusional beliefs.

Jennifer Radden examines paranoid delusions in 'Defining persecutory paranoia,' and makes the case for a revised definition and classification of the disorder. She identifies mistrust as the central attitude organizing persecutory paranoia, which distinguishes it from other forms of paranoia, including paranoid schizophrenia. In part, Radden attributes faculty psychology's failure to recognize the significance of mistrust for this disorder to their conventional separation of cognition from affect and volition. Mistrust, however, is an attitude 'in which both belief and affective elements are entwined' (p. 258).

Reconceiving Schizophrenia deserves a wide audience for its provocative collection of essays that will be appealing to philosophers, psychiatrists, psychologists, and other scholars and mental health workers committed to expanding their understanding of schizophrenia. For person unfamiliar with current attitudes toward schizophrenia or previous philosophical studies of the disorder, the book's introduction and Man Cheung Chung's chapter, 'Conceptions of schizophrenia,' provide useful background information.

Of the three books reviewed here, *Reconceiving Schizophrenia* will likely have the most influence on reforming psychiatry. Its approach is summarized by Eric Matthews in his (and the book's) concluding sentence: 'What is needed is not the abandonment of any kind of "medical model", but a reinterpretation of that model to take account of the humanity and subjectivity of patients' (p. 326). Granted, theoretical reformulations of psychiatric inquiry, and the creation of a more equitable distribution of power within the specialty to include all affected by it, are worthy goals. Yet it is more likely that such grand transformations, like the last major reform of psychiatry, will emerge from within the specialty.
The humanities nevertheless can meaningfully contribute to psychiatry, particularly given the increasing tendency of psychiatrists to listen for the symptoms of disorder rather than the heartfelt suffering of their patients. Given the humanities' commitment to studying the human

condition, its scholars are particularly well-suited for drawing attention to the subjective experiences of patients—those resulting from mental disorders as well as interactions with psychiatry. Whether through scholarship in philosophy, literature, history, cultural studies, or the fine arts, the humanities can play a much needed role informing psychiatry's efforts towards reforming itself.

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