



From the Editor

Much of this issue of the Bulletin is devoted to a provocative article by Patrick Bracken and Philip Thomas, "Postpsychiatry: A New Direction for Mental Health," published last year in the *British Medical Journal*. The article generated an active discussion in the *Journal* (all available on-line); and the commentaries published here, together with the authors' response, continue that discussion and make for a lively and productive debate.

As a reader of the commentaries and response, I am left with many thoughts; but confined by limitations of space, I will limit myself to the expression of one. Inasmuch as the article, with its critique of 'modernist' psychiatry and the latter's putative derivation from the Enlightenment, is so driven by the thought of Michel Foucault, I was surprised that there was no mention in the commentaries of the Enlightenment's great defender, Jürgen Habermas. In his commentary Melvin Woody questions whether the 'postmodern' correctives suggested by the authors are already present in Jaspers, who is portrayed by Bracken and Thomas as typical of modernist psychiatry. But Habermas would take Woody's argument one step further and question whether the Enlightenment itself offered correctives, a "counterdiscourse," to the very problems it was posing. Arguing directly in response to Foucault, he writes:

Hence it would be a good idea to return once again to the unmasking of the human sciences through the critique of reason, but this time in full awareness of a fact that the successors of Nietzsche stubbornly ignore. They do not see that the philosophical counterdiscourse which, from the start, accompanied the philosophical discourse of modernity initiated by Kant already drew up a counterreckoning for subjectivity as the principle of modernity. The basic conceptual aporias of the philosophy of consciousness, so acutely diagnosed by Foucault in the final chapter of *The Order of Things*, were already analyzed by

President's Column

As I write this column nine months later, people in the US and in other nations around the world are still distressed, grieving, confused and uneasy over the events of September 11th and their sequelae. These personal and national responses are and should be uppermost as we take stock of the new frames of mind and states of heart we discover in ourselves. But it may also be time to reflect on the effects felt within psychiatry and philosophy and the likely challenges to our own particular research field wrought by the train of events begun that day. An obvious question is whether those made especially vulnerable by mental disorder will suffer more than otherwise after such terror? At a meeting soon after September 11th two reports were proffered. Severely ill hospitalized patients (in New York) were described as indifferent and unconcerned, even expressing ignorance of the presence of the World Trade Center towers. The personal terrors of this group, one must presume, were more real, more pressing and more terrifying than any new, external threat. At the same time, a depression sufferer described his own and others' worsening, relapse, and suicidal thoughts in response to those events.

Reading Philippe Pinel on the psychic aftermath of the French Revolution, we are reminded that melancholics were always bellweathers. The causes of Pinel's patients' disorders were many and various, but not least were the "storms of the Revolution," which "stirred up corresponding tempests in the passions of men, and overwhelmed not a few in a total ruin of their distinguished birthright as rational beings." And it was frequently the melancholics who succumbed in this way, ancestors of today's sensitive and alert depressives; the steward of a gentleman of fortune who lost his property by the Revolution and who "overwhelmed by apprehensions for his life, which he perpetually harbored, and which the violence of the times were too much calculated to excite...at length became insane;" another man who, "deprived by requisition [for the Revolution] of an only son for whom he entertained a most tender affection, yielded to a grief so poignant that it terminated in insanity," and one who, expressing dissatisfaction with the government in the second year of the republic was threatened with the guillotine, after which "he lost his sleep, was exceedingly perplexed," and was confined at the Asylum of Bicetre where "the idea of his ignominious death perpetually haunted him, and he daily solicited the execution of the decree which he fancied to have been passed against him...his mind thoroughly unhinged and deranged." Pinel's eclectic, atheoretical approach, and the powerful and pervasive framing effect of the Revolution, permitted him to locate Paris's terror at the heart of a causal narrative. Perhaps, as the events of September 11th find their place in our cultural story, they will prove to be similarly explanatory.

Both philosophers who have focused their attention on psychiatry and clinicians themselves might usefully contribute to the understanding of this new era. For psychiatry has long concerned itself with attitudes and accompanying norms which seem to have

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Schiller, Fichte, Schelling, and Hegel in a similar fashion. To be sure, the solutions they offer are quite different. But if, now, the theory of power also fails to provide a way out of this problematic situation, it behooves us to retrace the path of the philosophical discourse of modernity back to its starting point—in order to examine once again the directions once suggested at the chief crossroads" (*The Philosophical Discourse of Modernity*, MIT, p. 295).

With no space to develop this line of thought further, I suggest only that the discussion is far from complete.

James Phillips, M.D.

undergone the greatest transformation since September eleventh - those captured between the poles of trust and mistrust. All around us we hear the same refrain: we have lost our uncaring confidence in ordinary life; we cannot assume, cannot trust. We no longer take for granted the safety of day to day living, of the planes we board, the air we breathe, the food we eat, the mail we used to open so carelessly.

Judging appropriate degrees of trust and mistrust is part of clinical knowledge - when too much scrupulosity becomes a symptom; when a persistent doubting of another's intentions and attentions suggests paranoia; when an apprehension of impending disaster is pathological and a sign of illness. The degree of trust and mistrust which it is appropriate and judicious to entertain guides psychiatric diagnosis. Moreover, it is also a deeply philosophical question, a question about values, and rationality. We must call upon concepts which are the stock in trade of clinical judgement and are also deeply philosophical as we attempt to evaluate the character of the enemy - of Bin Laden's anti-American rhetoric, or the suicide bombers' religious zeal. When, even in the dizzyingly unverifiable atmosphere of religious and metaphysical beliefs, do ideas count as delusional? If the cause is perceived to be right, is a zealot's suicide rational, rather than a sign of depressive pathology? The prominence into which these norms about trust and rationality have recently been thrust indicates the direction of new research. For better or worse, we inhabit a different culture in this world of 2002. It is one which requires more than a merely intuitive understanding of these norms and ideals, and one to which careful, collaborative work by philosophers and clinician can contribute immeasurably.

On a more personal note, other duties have required me to step down from the position of AAPP President. I hand the reigns to my Vice-President Dr Jerome Kroll who will guide the organization with insight and imagination. Jerry Kroll was a founding member of AAPP, he is a distinguished scholar as well as a practitioner and teacher, and I know as the result of his quietly effective leadership, AAPP will flourish and grow during his watch.

Since this column represents my last in the Bulletin, let me finish by conveying the optimism I feel about the research field which has emerged at the intersection of the two disciplines of philosophy and psychiatry. Lively local groups across the US; an increasingly known and

widely respected scholarly journal (*Philosophy, Psychiatry & Psychology*); regular, stimulating conferences and panels; the presence of international links, conferences, groups and associations spanning not only Europe but Asia, Australasia, South America and Africa; a large number of recent books and two specialized series with distinguished university presses (MIT Press's *Philosophical Psychopathology* series edited by Flanagan and Graham, and Oxford University Press's new *International Perspectives on the Philosophy of Psychiatry* series edited by Fulford, Sadler, Stanghellini and Morris); graduate programs with a focus on philosophy and mental health, and more research in mainstream philosophy focused on mental health issues - these are some of the signs of a research field which has come of age. AAPP has played no small part in this achievement, and in that we can and should take pride.

Jennifer Radden, D. Phil.

Philosophy and Psychiatry in the Media

The Court of Public Opinion on The Pharmaceutical Industry

I am glad to have generated some discussion on the role of pharmaceutical companies in psychiatric practice and modern culture in my previous "Philosophy and Psychiatry in the Media" column, and I feel that I should respond to the comments of James Phillips and Mark Rego in that issue on my column.

Phillips suggests that I was not sufficiently critical of the "Prozac-bashing" literature that I cite, and Rego says I presented a "greatly skewed view of the scientific literature as well as a few mistaken points on the scientific process." Naturally, I demur from these opinions, and I will give my reasons below. But I also want to take the opportunity to make a larger point.

It is important to be clear about what I was attempting to examine in my column. I was certainly not attempting to address directly in my short column whether the new antidepressants are po-

tentially addictive, whether they can increase the risk of suicide or violent behavior in some people, or even whether the pharmaceutical manufacturers have an undue influence on academic decisions in psychiatry. All these issues were certainly mentioned and would need to be addressed in a complete examination of the role of psychotropic drugs in modern life. But my point was narrower, and I think that both Phillips and Rego missed it, maybe because I did not explain my assumptions fully.

My focus in my column was on what I might call "the court of public opinion." My main point was that it is striking and even surprising that the public remains basically uncritical of the widespread use of antidepressants, despite some court cases and episodes which could be seen as extremely troubling, and that could damage the reputation of Prozac and other antidepressants. I speculated what might explain the public's lack of response to recent developments concerning antidepressants in public life, and I suggested at the very end of my piece that the tide might turn against the pharmaceutical companies if they receive more bad press.

A major assumption in my piece, that I made no effort to spell out, was that the forming of public opinion is not a process of calm and careful deliberation. It strikes me that the number of studies that show the safety of psychotropic drugs and the flaws in the arguments of the "Prozac-bashing" literature have little relevance to how public opinion is often formed.

I can explain my claim by referring to a number of well-known cases.

- In 1975, the Oscar-winning movie *One Flew Over the Cuckoo's Nest* showed the use of electroshock treatment in an extremely bad light, and many politicians and activists argued, sometimes successfully, that the treatment should be banned. Yet the evidence for the safety and usefulness of electroshock treatment for severe depression is solid and virtually unquestioned within mainstream psychiatry.
- The amino acid L-tryptophan caused the deaths at least 23 people in 1989, and it subsequently lost its FDA approval. Yet it was used for years previously to 1989 in ways that were apparently beneficial to large numbers of patients.
- In the 1980s, the public began to take note of news stories that anti-anxiety agents such as Valium might be addictive, and the prescription of