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From the Editor

(In my role as editor of this publication–and secondarily as a practicing psychiatrist–I have felt it appropriate to provide a response to the provocative column of my colleague, Christian Perring, in this issue of the Bulletin. In his discussion of the dangerous side effects of the newer antidepressants, Christian does try to leaven his critique with some statement of the other side of the argument. My challenge to him remains, however, that he is not sufficiently critical of the Prozac-bashing literature he cites. Regarding his own question as to why the anti-antidepressant literature has not generated more controversy, I am of course sympathetic to one of the reasons he considers, namely, that the attack on the antidepressants is a non-event that has not generated controversy because there is not much real controversy there.

It does seem appropriate to discuss the Prozac phenomenon in the context of a column on philosophy and psychiatry in the media, since so much of the discussion has taken place in the popular media, and it seems so difficult to move the discussion beyond the media. After we have had enough of the cosmetic pharmacology nonsense of Kramer's book and of the Prozac-bashing of Prozac Backlash and its ilk, there remains a serious discussion to be engaged. (See Jennifer Radden's review of T. M. Luhrmann's book in this issue for an example).

My own point of view as a practicing and prescribing psychiatrist is that the SSRIs and other newer antidepressants are very helpful to a lot of people and that the risk/benefit ratio tilts way in their favor. The questions they raise in clinical practice are usually much more mundane than suggested by the all-good/all-bad controversies–questions such as why one (or none) works so well with one patient and not another, what to do about such real and uncontroversial side effects as weight gain, emotional flattening, and negative sexual effects, and questions about the correct balance of psychopharmacology and psychotherapy with any particular patient. However, even granting my positive attitude toward the agents (an attitude shared, I am confident, by the majority of my colleagues), questions remain that go beyond the office concerns of daily practice and that touch on societal, ethical, and philosophical concerns. These are questions such as whether every degree of dysphoria, cosmetic pharmacology aside, should be treated with antidepressants, questions about their widespread use and our tendency to look for a technological fix for too many of our problems, questions about their promotion by the pharmaceutical industry through popular advertising and the growing influence of the industry on our field and our organizations, and questions about the worldwide incidence of depression and the place of the antidepressants, versus other remedies,

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President's Column

"Postpsychiatry" thinking has drawn considerable attention in Britain since psychiatrists Patrick Bracken and Philip Thomas outlined their "new positive direction for theory and practice in mental health" in the pages of the *British Medical Journal* in March 2001, and it behooves us to examine the philosophical claims supporting those recommendations.

The recommendations promoted by postpsychiatry (also known as 'postmodern psychiatry') are various, and at first glance unrelated: a rejection of (i) "faith in the ability of science and technology to resolve human and social problems"; of (ii) the "medical control of coercive interventions," and of (iii) emphasis on the individual's circumstances and traits in understanding psychiatric disorder. But Bracken and Thomas provide a unifying framework for these particular proposals by reference to the historical roots of modern psychiatry and its characteristics as a product of the European Enlightenment. Each tenet derives from an aspect of the "postmodernist" rejection of Enlightenment concepts, categories and methodology. Thus, with its favoring of reason and rationality, the Enlightenment led not only to the social exclusion of the mad as unreasonable, but to their role as objects of study and treatment using rational scientific method. (At least this is what present day historians, influenced by Foucault, assert.) Similarly, with its emphasis on the individual subject, the Enlightenment invited a de-contextualizing of mental disorder: it was a disorder in the individual, not a product of social, cultural or economic forces.

With this theoretical background, the thematic unity of postpsychiatry becomes clearer. If we reject the Enlightenment focus on the isolated individual with its adherence to methodological individualism, then we lose confidence in any appeal to individual circumstances and traits to explain and understand psychiatric disorder. If we reject the normative dualism which contrasts rationality with irrationality or unreason, we lose faith not only in rational scientific method with its (technological) tools, but also in a perceived underpinning for coercive psychiatry–the scientific authority and moral warrant for imposing treatment against the patient's wishes.

The new agenda for mental health care dictated by postpsychiatry places emphasis on *context* ("social, political and cultural realities should be central to our understanding of madness"); on *group*, rather than individual, responses to disorder (this includes acknowledgement of the social and economic causes of mental disorder as well as networking and self-help, client group approaches to treatment); and an *ethical* orientation (rather than "the idea that science should guide clinical practice"). Recommendations are not fully detailed, but they include: an approach to post-institutional care closer to the community psychiatry model; care which includes peer group support on the model of the Dutch Hearing Voices Network; and more sensitivity to cultural variation and values in treatment. (Bracken and Thomas provide an example in which a Sikh woman was given

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culturally appropriate intervention by a visiting Punjabi-speaking nurse from the local Home Treatment Service).

Much in this agenda is appealing and desirable. But the derivation of such an agenda *from postmodernist theorizing* may be overstated and, despite initial disclaimers from the authors, dangerously open to misinterpretation. That biomedical psychiatry fails the mentally ill in many of the ways adduced by Bracken and Thomas, is undeniable. And that the recommendations of postpsychiatry would both enhance the lives of the mentally ill and add to our understanding of mental disorder also seems true. But are the weaknesses in the present system usefully explicated through the postmodernist critique of the Enlightenment? Perhaps not.

The claims of the postmodernists may or may not be true or even coherent: at any rate, they make flimsy infrastructure. Let us challenge one corner: the Foucaultian historical analysis of the treatment of the insane since the seventeenth century, on which Bracken and Thomas rely. Arguably, the plight of the mentally ill would be significantly worse than it now is were it not for Enlightenment categories and concepts, such as that of human rights. The lives of the mentally ill seem to have been improved by our admittedly halting, and incomplete recognition that by dint of their human dignity (another Enlightenment concept), itself bound up with their intrinsic *capacity* for rational autonomy (and another), the mentally ill deserve humane care and treatment! Similarly, although the coercive nature of (some) psychiatric treatment is here attributed to the Enlightenment, and other people's rights to safety are invoked to justify imposing treatment on the dangerous mentally ill, we must remind ourselves that the *right to refuse treatment*, which has sometimes successfully protected patients against coercive, paternalistic treatment during the last decades of the twentieth century, also derives from the liberal tradition of the Enlightenment.

Even Enlightenment science and technology, arguably, can be credited with instigating some of the progressive proposals in the 'postpsychiatry' agenda. Bracken and Thomas appeal to Muir Gray's characterization of the priorities of today's society to which all health care must be responsive: concern about values as well as evidence; preoccupation with risk as well as benefits, and the rise of the well informed patient. Yet the informed risk evaluations made by the patient in modern day health care settings are possible thanks to information on risks and benefits provided, in part, through science and technology, on the one hand, and an acknowledgement of the patient's (rational) autonomy as a value to be honored, on the other.

Without its critique of Enlightenment ideas as a unifying theoretical foundation, postpsychiatry is perhaps diminished in more than name. (It is still 'post modern' in the looser, but safer, sense of contemporary.) It becomes, again, a laundry list of recommendations for revisions throughout psychiatric practice and mental health policy. But it is no less important for that. Whether or not they can be supported and organized around one theoretical position, this set of recommendations makes a serious contribution toward the goal of rethinking psychiatry for the twenty-first century. As such, they may be placed alongside critiques from many sources: the medical anthropologists who identify social disruption, not genes or brain defects, as the primary source of mental disorder; the self-help, survivors' and consumers' movements which promote non-medical treatments; the civil rights lawyers fighting against paternalistic coercive treatment; and even those within biomedical ethics identifying and emphasizing the values inherent in psychiatric practice.

"Postmodern" or not, postpsychiatry cannot be ignored.

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The Phenomenological World in Buenos Aires

A report of the 5th International Conference of Phenomenological Psychology and Psychiatry, held in Buenos Aires, from September 20–22, 2000, at the Museo Roca, Buenos Aires.

We owe to Professor María Lucrecia Rovaletti, holder of the Chair in Phenomenological and Existential Psychology at the University of Buenos Aires and Researcher at CONICET, the extraordinary opportunity to participate in the biennial meetings dedicated to phenomenology that began in 1992 and have enjoyed the participation of researchers and academics from various countries such as the USA, Uruguay, Chile, Brasil, Mexico, Columbia, Argentina, France, Italy, and Belgium, among others. Conference themes have revolved around fundamental categories of phenomenological psychology and psychiatry such as corporiality, temporality, and space.

This 5th Conference, sponsored by the Psychiatric and Psychological Act Foundation of Latin America and the Mainetti Foundation for Progress in Medicine, was considered of "national interest" by the Honorable House of Deputies of the Nation, and was dedicated to the theme of "Mind, Language, and World."

This theme, which would seem from a perspective of simple idealistic and realist philosophies to involve an irreconcilable opposition, constitutes the fundamental nucleus of phenomenology. As Merleau-Ponty himself indeed says, "The most important accomplishment of phenemology has, beyond doubt, been to have unified an extreme subjectivism with an extreme objectivism in its notion of world or of rationality" (Preface, *Phenomenology of Perception*). On the other hand, the central place of language in the phenomenological tradition has permitted psychology and psychiatry to advance beyond the narrow limits already indicated. Thus, for example, in the Merleau-Ponty conception of "the body as expression" we encounter one of the fundamental transformations effected by phenomenological thought for the understanding of world, mind, and language.

Before describing some of the presentations from the conference, I would like to emphasize what in my judgment constituted the major virtue of these meetings. Inspired by the enthusiasm and work of Professor Rovaletti, a group of about twenty-five thinkers from various countries overcame the barriers imposed by different languages, cultures, and habits to share over the course of three intense days the world of phenomenology. The papers and discussions, but also the informal conversations, served to constitute a group that transmitted that genuine phenomenological spirit of *opening to the other*. We did phenomenology through the description of experience, through theoretical questioning, and through epistemological debate, and we found ourselves in that world in which psychology and psychiatry encounter and overlap with philosophy. Let me discuss here some of principle themes covered in the the presentations.

Let us begin with the theme, "World" and the experience of mundaneness. Two papers by professors of the University of