

# Critical Perspectives on Recovery: Postpsychiatry

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# Critical Perspectives on Recovery: Postpsychiatry Outline

- The relationship between psychiatric knowledge and the experiences of people who use mental health services.
- The origins of psychiatric knowledge and its central assumptions?
- Postpsychiatry? What questions does it raise about psychiatry?

# Psychiatry and Recovery?

The single most important barrier to the possibility of recovery is the imposition of a biological interpretation of distress, such as a diagnosis of schizophrenia, on someone experiencing a crisis. It is impossible, therefore, to have a critical perspective on recovery without subjecting biological psychiatry to critical scrutiny.

## CONTEXTS

Poverty  
Relationships  
Racism  
Sexual abuse  
Poor housing  
Unemployment  
Spiritual crises  
Media portrayal  
Social supports  
Family conflict  
Domestic violence  
Head injury  
Genetics  
Biology

## EXPERIENCES

Self Harm  
Withdrawal  
Depression  
Nightmares  
Paranoia  
Fear Elation  
Hearing Voices  
Insomnia  
Alienation  
Suicidal urges

## PSYCHIATRIC DIAGNOSES

Schizophrenia  
Bipolar disorder  
OCD  
Personality  
disorder

## SCIENCE

Genetics  
Brain  
Chemistry  
Brain Structure  
Individual  
psychology

The point is that psychiatric diagnoses and biological interpretations are remote and detached from the reality of lived experiences and contexts of distress

'Today I want to die. Everything was hurting.  
My body was screaming. I saw the doctor.  
I said nothing. Now I feel terrible.  
Nothing seems good and nothing seems possible.  
I am stuck in this twilight mood where I go down  
like the setting sun into a lonely black hole  
where there is room for only one.

*Flat, lacking motivation, sleep and appetite  
good. Discussed aetiology. Cont LiCarb 250mg  
qid. Levels next time.'*

O'Hagan, M. (1996) *Two Accounts of Mental Distress in  
Speaking Our Minds: An Anthology*. (eds. J. Read, and J. Reynolds)  
pp 44 - 50. London, Macmillan, Open University.

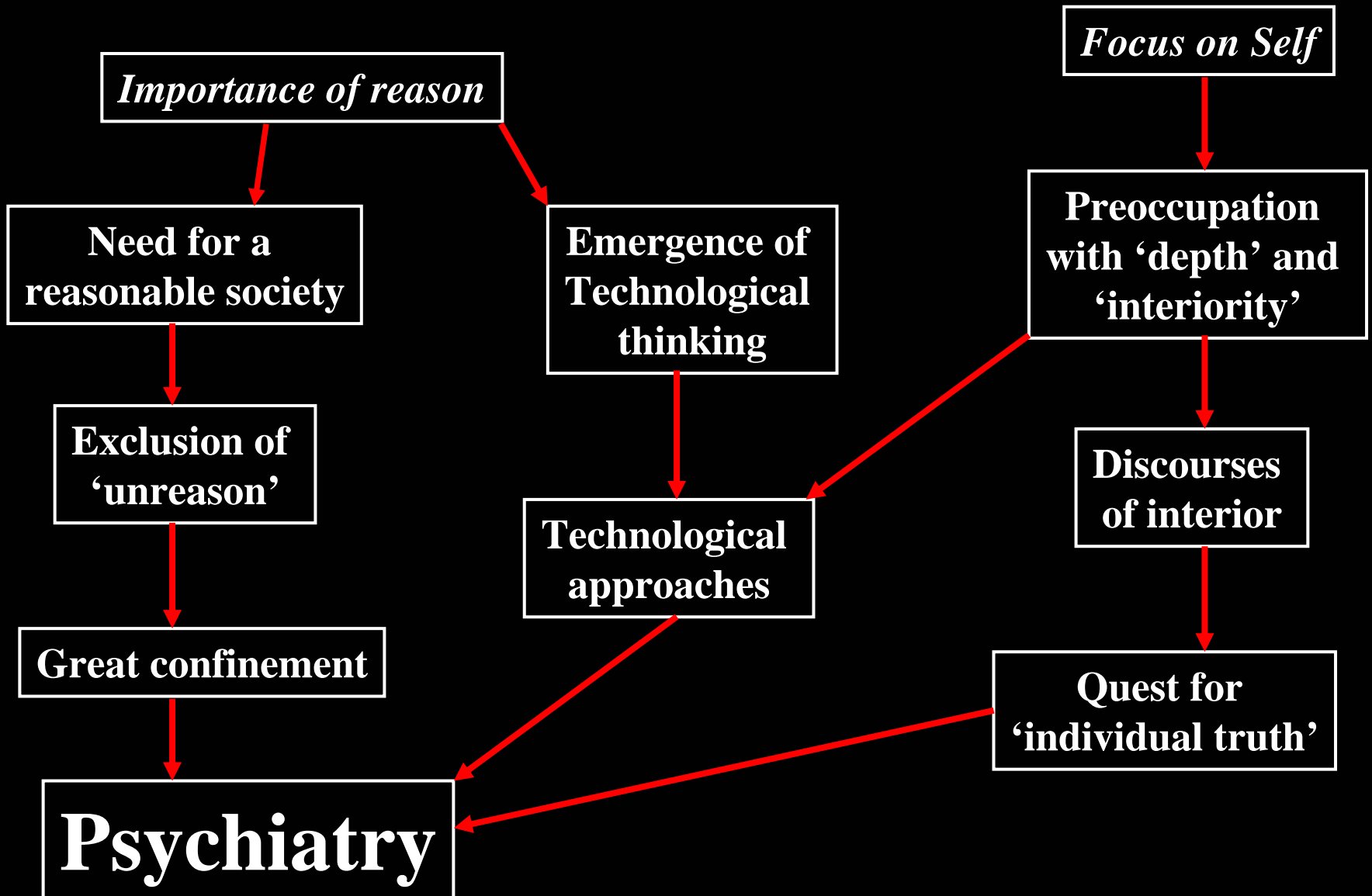


**Foucault, M (2006) *The Power of Psychiatry: Lectures at the College de France, 1973-1974* (trans. G. Burchill) London, Routledge**

# The origins of psychiatry

- Unlike the medical knowledge, psychiatric knowledge did not originate out of necessity through developments in clinical sciences
- The first psychiatrists made arbitrary decisions about the boundaries of ‘normality’ for madness, and *then* set off in search of causes
- These arbitrary decisions were saturated with assumptions and values

# AGE OF REASON



## Postpsychiatry: a new direction for mental health

Patrick Bracken, Philip Thomas

### Summary points

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Faith in the ability of science and technology to resolve human and social problems is diminishing

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This creates challenges for medicine, particularly traditional psychiatry

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Psychiatry must move beyond its “modernist” framework to engage with recent government proposals and the growing power of service users

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Postpsychiatry emphasises social and cultural contexts, places ethics before technology, and works to minimise medical control of coercive interventions

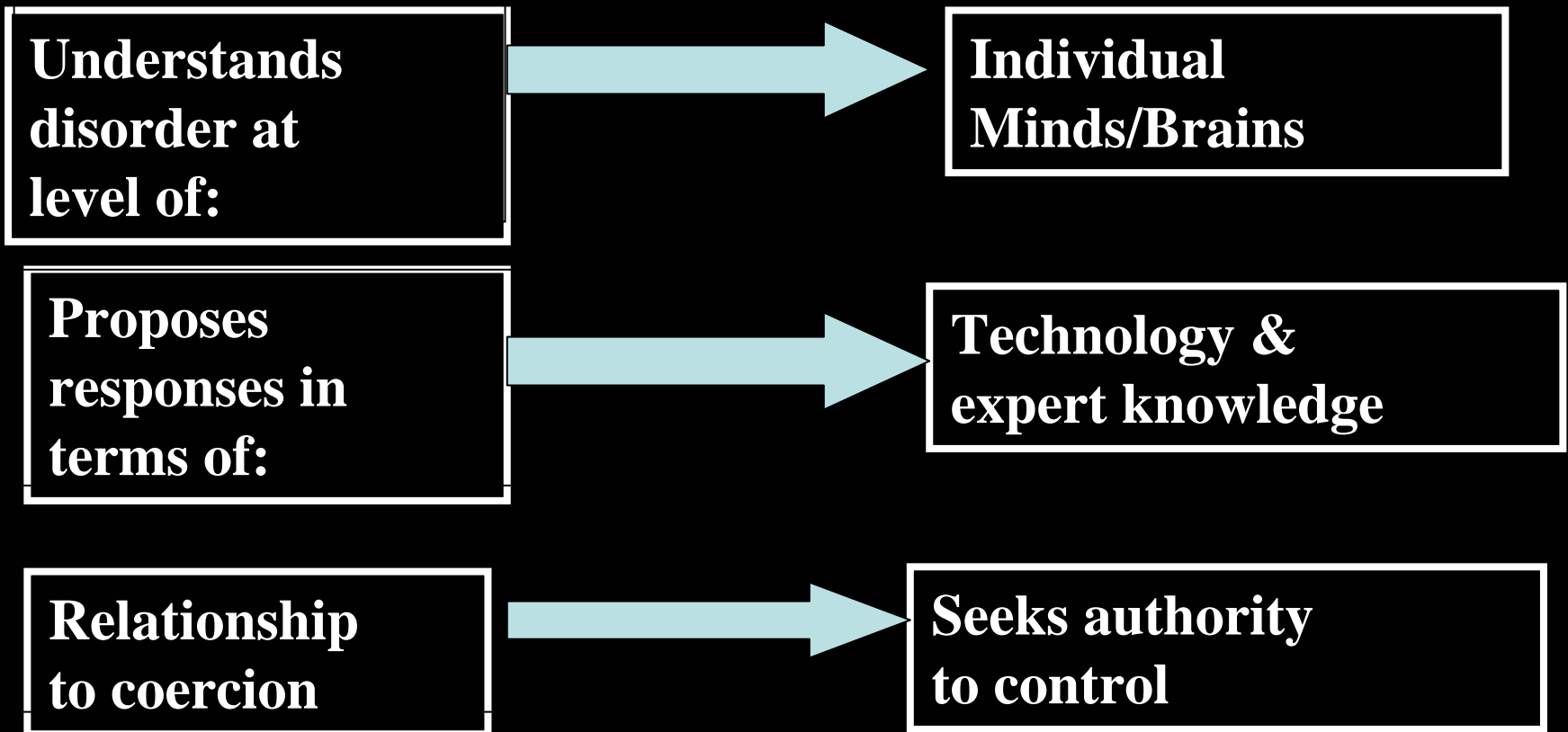
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Postmodernity provides doctors with an opportunity to redefine their roles and responsibilities

# Psychiatry – five key questions

- The question of the nature of post-institutional care?
- The need for a new relationship between medicine and madness. What form should it take?
- What sort of mental health care is appropriate in the postmodern world in which the preoccupation with rationality is waning?
- How appropriate is psychiatry for cultural groups who value a spiritual ordering of the world?
- How can we uncouple mental health care from the agenda of social exclusion, coercion and control?

# PSYCHIATRY



# POST PSYCHIATRY

Understands  
disorder at  
level of:



Context: families,  
communities, societies  
and cultures

Proposes  
responses in  
terms of:



Engage with contexts  
Priority given to values  
Partnerships

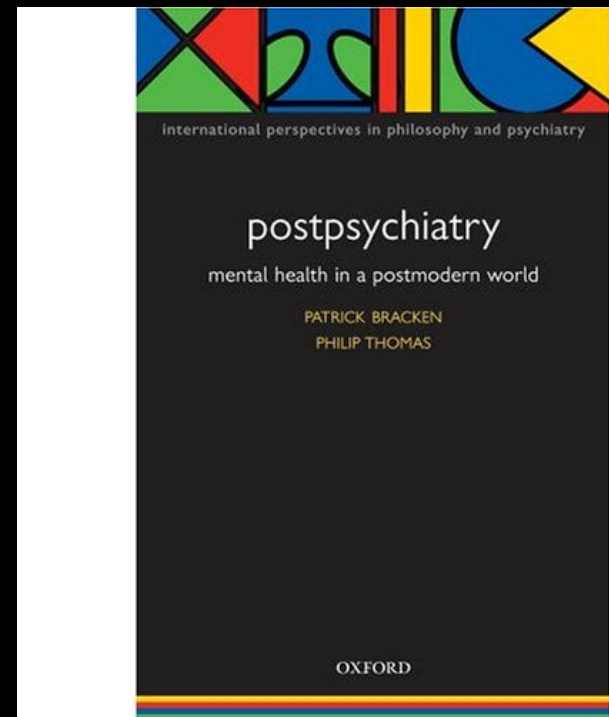
Relationship  
to coercion



Separates  
care from coercion

‘Postpsychiatry seeks to democratise mental health by linking progressive service development to a debate about contexts, values and partnerships. We believe that the advent of postmodernity offers an exciting challenge for doctors involved in this area, and represents an opportunity to rethink our roles and responsibilities.’

Bracken, P. & Thomas P. (2001) Postpsychiatry: a new direction for mental health. *British Medical Journal*, 322;724-727



**HAD Scale Scoring Sheet**

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

This questionnaire is designed to help your advisor to know how you feel. Read each item and place a firm tick in the box opposite the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

Tick only one box in each section

I feel tense or 'wound up':

A

I feel as if I am slowed down:

D

Most of the time

3 Nearly all the time

3

A lot of the time

2 Very often

2

Time to time/occasionally

1 Sometimes

1

Not at all

0 Not at all

0

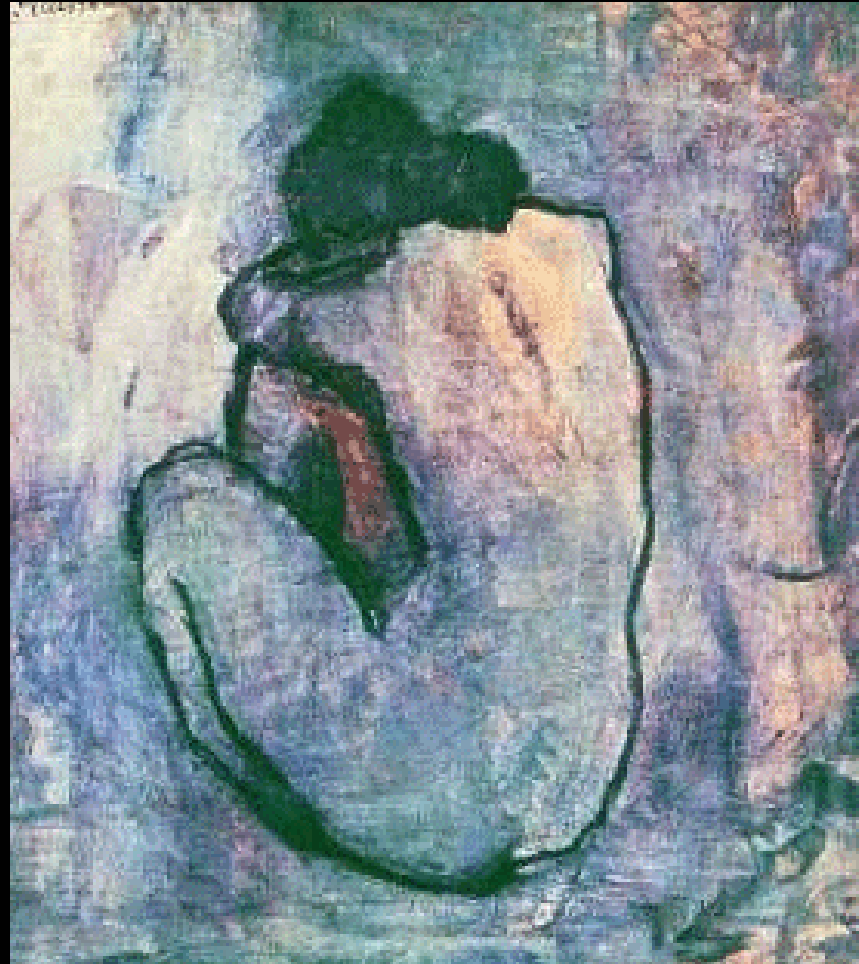
# The Problem of Phenomenology in Psychiatry

- Phenomenology as a ‘rigorous science’ of human experience
- Over-arching value of external objective ‘truth’ which we may observe through inner reflection
- Separation of knowing subject from known about world
- ‘Bracketing out’ background contexts

# Critique

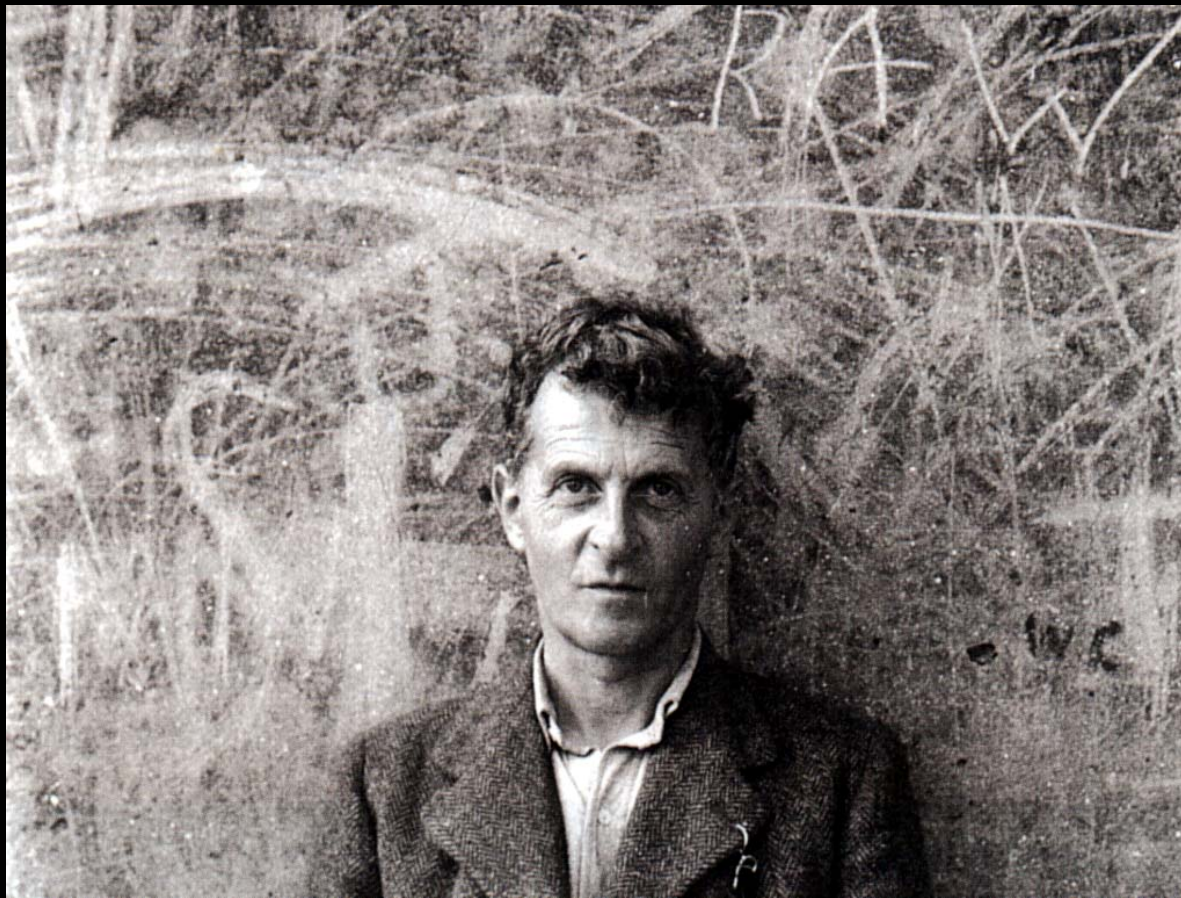


**Water is in the glass.**



**Sadness is in my heart.**

**Water is in the glass.**



**Sadness is in my heart.**