

Recovery: Challenging the power of psychiatry

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Why is recovery important in psychiatry?

- The growth of the service user / survivor movement
- Government policy
- Moral / ethical reasons:
 - Reaction against science and rationalism
 - Reaction against economic / political power
 - A good and honest way to work

Recovery: six axioms

- An important part of recovery from *any* illness is being able to understand it in *personal terms*.
- We do this by sharing stories with others about our struggles, sadness, distress and experiences of illness.
- For thousands of years the physician has played a key role in listening to these stories, and helping them to understand what their illness means.
- For the last 150 years doctors have relied less on patients' stories and more on technology.
- For various reasons psychiatry holds that in psychosis patients' experiences are inherently meaningless.
- Consequently patients who experience psychosis are even more estranged from the benefits of story telling, and are thus cut off from the possibility of recovery.

The end of the ‘Golden Age of Narrative’

- The advent of new technology:
 - microscope
 - stethoscope
- The advent of new sciences
 - morbid anatomy
 - Shift away from history taking (narrative) to observations, examination, classification
- The birth of the clinic

Academic Psychiatry at end of 20th century

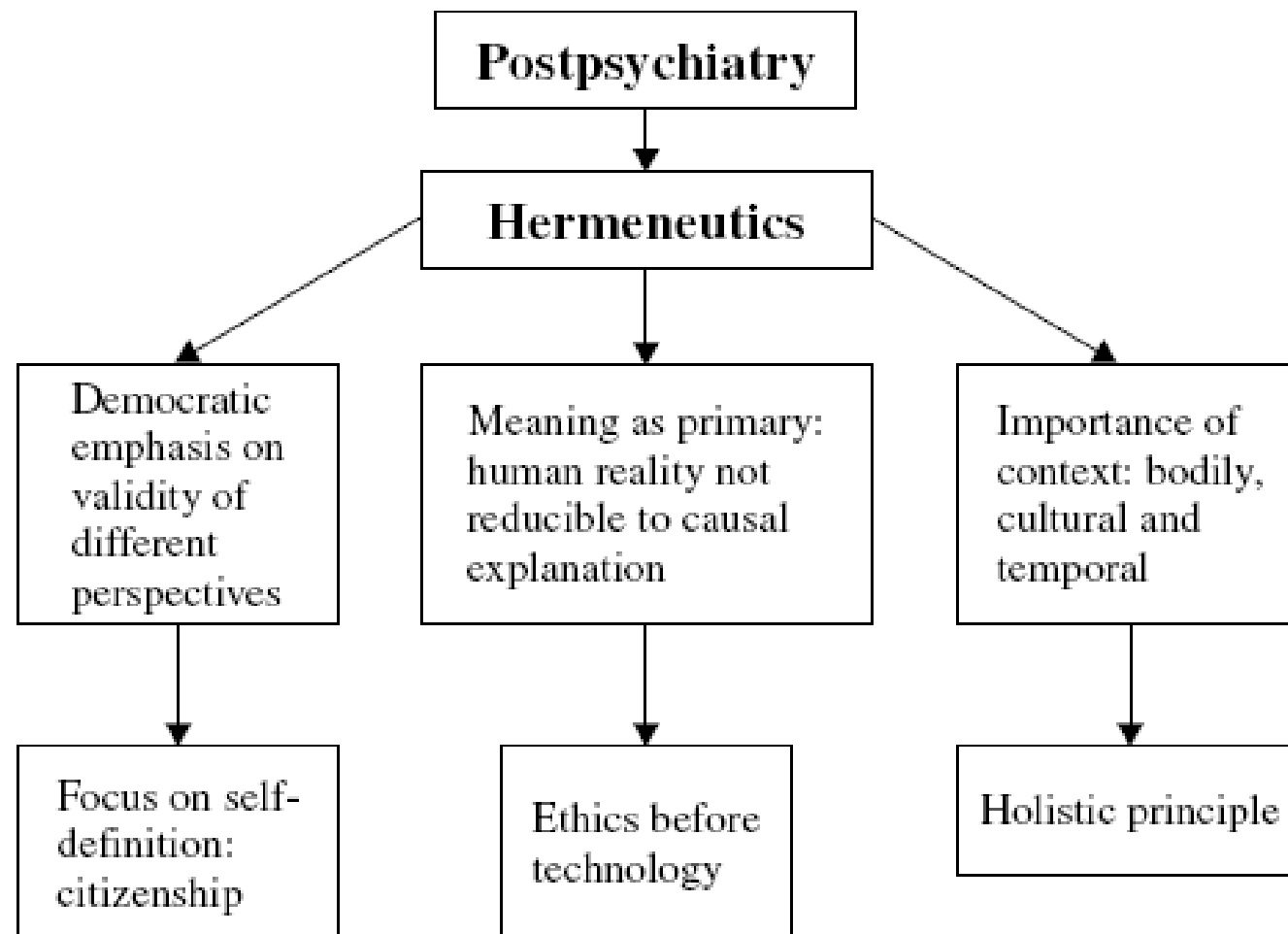
Reductionism

Attempt to explain aspects of our meaningful reality in terms of non-meaningful entities such as genes and neurotransmitters

Importance of experts:
those who hold privileged accounts of what is happening

Technological framing of problems:
Focus on establishing causal processes that can be scientifically manipulated

Methodological individualism: focus on decontextualised aspects of person's behaviour eg 'symptoms'



Understanding psychosis

1. *What is your inner world like?*
2. *What has your life been like?*
3. *How can one be understood in terms of the other?*

(Roberts, 2006)

Psychiatric Diagnosis ('Thin')

History: presenting complaint
history of p.c.
personal history
family history
medical history
drug history
forensic history
premorbid personality

Mental State Examination: speech, appearance, behaviour
affect
perception
thought content
sensorium
cognition

'Thin Diagnosis':

1. Causal narrative of symptoms and disease entities
2. Linear and rational
3. Explanatory rather than hermeneutic
4. Classification
5. Prediction

Psychiatric Diagnosis ('Thick')

Trust building

First Person Narrative:

1. Diaries, poetry / fiction, painting
2. Constructed over time and in context of trusting relationship

History: (as before)

Mental State Examination: (as before)

Exploration of 'inner' world

1. Multimedia (see above)
2. Detailed, atheoretical exploration of key experiences (e.g. Romme & Escher - voices)

'Thin Diagnosis': (as before)

'Thick Diagnosis':

- Joint exploration of experiences in context of first person narrative
- 2. Hermeneutic narrative of experience in terms of life narrative
- 3. Recover emerges as a possibility

‘It’s useful for psychiatrists that the word [psychiatry] comes from the Greek *psyche*, which means breath, life, animating principle or spirit. Contrast that with the Greek word for mind, which is *nous*, or the word for brain, which is *encephalon*. Literally, a psychiatrist is a healer of the spirit, not of the mind or brain.

Andreasen, N. (2005) Ailing psychiatry needs some attention.
New Scientist, (interview) 19th November 2005, p. 50.