

Vincenzo Di Nicola
Drozdstoj Stoyanov

Psychiatry in Crisis

At the Crossroads of Social Sciences,
the Humanities, and Neuroscience

 Springer

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*We must think the event.... We must think
change in life.*

–Alain Badiou (2006)

*To my children – Carlo Dante, Nina Mara,
and Anita Sofia – the event of my life and
harbingers of change.*

–Vincenzo Di Nicola

and

*So the problem is not so much to see what
nobody has yet seen, as to think what
nobody has yet thought concerning that
which everybody sees.*

–Arthur Schopenhauer (1851)

*To the people who supported me and to my
beloved family, who gave me the courage to
believe. To the people who opposed and
challenged me, who gave me the stamina to
persist.*

–Drozdstoj Stoyanov

References

*Badiou, Alain (2006). Polemics, trans. and
with an introduction by Steve Corcoran.
London: Verso, p. 8.*

*Schopenhauer, Arthur (1851). Parerga und
Paralipomena. In: Kleine Philosophische
Schriften, Volume 2, Section: 76. Berlin:
A. W. Hayn, p. 93.*

Foreword

Beyond Single Message Mythologies

‘Psychiatry in Crisis’ could have been old news. Psychiatry after all has been under attack right back to the 1960s. This has been variously from other academic and clinical disciplines (such as psychology and psychoanalysis) and even from those it aims to help (patients and their families). Latterly it has come under further attack this time from within. Senior figures in the research community, in particular, frustrated by the failure of the new neurosciences to translate into improvements in clinical care, have called for ‘a new paradigm’. Taking the long view, their concerns are consistent with the German psychiatrist and historian Paul Hoff’s analysis of the history of psychiatry as a history of ‘serial collapses into single message mythologies.’

It is all the more exciting therefore to find that in their remarkable book, Vincenzo Di Nicola and Drozdstoj Stoyanov bring such a refreshingly open and innovative vision to bear on the challenges facing contemporary psychiatry. They are perhaps uniquely well placed to do this. Both are pre-eminent academics in psychiatry. Yet both draw on extensive clinical experience on the front line of care. Both furthermore have been active in the emerging interdisciplinary field of philosophy and psychiatry.

Their debt to philosophy is clear. Neatly avoiding the trap of premature closure on yet another single message mythology, their thesis is presented in the form of a critical dialogue between two philosophically framed perspectives. Stoyanov casts the crisis in psychiatry in epistemological terms as a crisis of knowledge. Di Nicola by contrast casts it ontologically as a crisis of being. The counterpoint between these two perspectives makes for an inspiring and deeply illuminating read with the added bonus of the introduction of (for many Anglo-Saxon readers at least) fresh names. Di Nicola for example draws deeply on the work of the French philosopher and contemporary of the perhaps better-known Michel Foucault, Alain Badiou, notably on his analysis of what it is to be a human being.

In drawing in this way on philosophical sources Di Nicola and Stoyanov are themselves exemplars of an important if minority development in contemporary psychiatry. The 1990s as they describe was hailed in psychiatry as the ‘Decade of the Brain’, the decade in which the neurosciences were set to emerge as the dominant influence on the field under their banner ‘the mind is the brain’. But the 1990s was also the decade of the mind, the decade in which, somewhat to the surprise of many, a long-standing if minority tradition of cross-disciplinary work between philosophy and psychiatry sprang into new life. Di Nicola’s and Stoyanov’s *Psychiatry in Crisis* reflects many of the virtues of the ‘new’ philosophy and psychiatry. Besides its evident scholarship and originality, and an ethos of mutual respect between protagonists, it is overtly and inclusively international in perspective.

That the ‘new’ philosophy and psychiatry should have emerged in parallel with the ‘new’ neurosciences should not perhaps have come as a surprise. Psychiatry’s ‘first biological phase’, driven by developments in bacteriology and brain pathology in the late nineteenth and early twentieth centuries, was paralleled by a first philosophical phase in the foundational work of the German psychiatrist and philosopher, Karl Jaspers. The parallel is not coincidental. The conjunction of challenging empirical research with high level conceptual thinking is a mark of a science that is very much at the cutting edge. We need look no further than theoretical physics for another science that is in this sense at the cutting edge. The current standard model of particle physics was derived in the first half of the twentieth century by just such a combination of challenging empirical findings and innovative conceptual thinking. It is this combination, too, many expect, that in the first half of the twenty-first century, will be needed to overcome the limitations of the standard model. These limitations, furthermore, again echoing the current status of psychiatric science, are the limitations of conflicting paradigms. For all its success as a theory of the very small, the standard model is incompatible with the no less successful physical theory of the very large, Albert Einstein’s general relativity.

Psychiatry is of course not physics. For one thing, despite a number of promising developments in computational psychopathology, it lacks a formal structure of the kind that in the past has turbocharged so many sciences. Its conceptual challenges, too, are different. Where physics struggles with concepts such as time, location and event, psychiatry struggles, as Di Nicola and Stoyanov so ably illustrate, with, as it were, more visceral concepts such as mind, agency and person. Psychiatry’s conceptual struggles, moreover, are the more urgent for the immediacy of their practical impact. Yes, theoretical physics has practical impact (think computers, think atomic bombs). But these are at one remove from the theoretical insights on which they are based. In psychiatry, by contrast, our conceptual model – the largely implicit set of background ideas we bring to making sense of our work and of our interactions with our patients – matters directly and immediately to the care we provide. This adds to the many other merits of Di Nicola’s and Stoyanov’s book an extra frisson of practical necessity.

Yet for all this, the new philosophy and psychiatry of which Di Nicola and Stoyanov are exemplars, remains a minority development in a psychiatry dominated by the contemporary hegemony of ‘mind is brain’ neuroscience. This I believe

reflects yet another crisis to which contemporary psychiatry is heir, a crisis of confidence. Measuring itself against less conceptually challenging sciences, such as those of surgery, psychiatry misperceives itself as a science not at the cutting edge but at the trailing edge. No one – least of all our patients – benefits from what, in the terms of our art of our discipline, is the ‘learned helplessness’ to which this misperception has led. Di Nicola’s and Stoyanov’s conceptually nuanced and practically informed dialogue on the crises respectively of knowledge and of being in psychiatry could do much to make psychiatry’s crisis of confidence an opportunity for change.

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March 2020

K. W. M. (Bill) Fulford

Preface

Psychiatry at the Crossroads

The field of academic psychiatry is in crisis, everywhere.

It is not merely a health crisis of resource scarcity or distribution, competing claims and practice models, or level of development from one country to another, but a deeper, more fundamental crisis about the very definition and the theoretical basis of psychiatry.

Psychiatry is at a crossroads where the kinds of questions that represent this crisis include whether psychiatry is a *social science* (like psychology, sociology, or anthropology), whether it is better understood as part of *the humanities* (like philosophy and history), or if the future of psychiatry is best assured as a *branch of medicine* (like its first two branches, internal medicine and surgery)? In fact, the question often debated since the beginning of modern psychiatry concerns the *bio-medical model* so that part of psychiatry's perpetual self-questioning is to what extent it is or is not a branch of medicine. So the third option is itself in question: is psychiatry to be guided by a more narrowly focused medical model privileging genetics and neuroscience or an enlarged vision of medicine that encompasses social and human sciences?

Critical psychiatrists have been casting about for a new model in every generation. Since the foundations of modern psychiatry as a medical discipline in the late nineteenth century and the beginning of the twentieth century, psychiatrist Karl Jaspers introduced phenomenology from philosophy as a fundamental part of contemporary psychiatry. Every generation since then has introduced other humanities and social sciences, with the flourishing of many schools of psychotherapies, the introduction of sociology and anthropology which created branches like social and cultural psychiatry, and an always intimate relationship with psychology. Meanwhile, the intimate relationship between psychiatry and *continental or European philosophy and critical theory* continued, posing key *epistemological* questions about meaning and *ontological* questions about being. Along with other trends, this culminated in the *antipsychiatry* movement of the 1960s and 1970s, reviewed in "Part II: Psychiatry in Crisis as a Human & Social Science."

In parallel, following psychiatry's Linnaeus, Emil Kraepelin who established the modern basis for psychiatric classification and nomenclature, there has been a more rigorous project to establish a scientific basis for psychiatric diagnosis, using increasingly sophisticated methodologies for research. A key text by a leading researcher in Kraepelin's footsteps is Samuel Guze's *Why Psychiatry Is a Branch of Medicine*, published in 1992. Now, this approach has dovetailed with advances in *epidemiology, brain or neurosciences, and genetics* to produce the *neuroscience model* of psychiatry, emblematic of the influential US National Institute of Mental Health (NIMH) whose mantra is "mind is brain." This approach to psychiatry in turn also has philosophical schools in the Anglo-American tradition of *analytic philosophy* and *philosophy of science* supporting its approach to questions about mind as a progressive scientific project focusing on the brain. The "Decade of the Brain" declared in the 1990s with increased funding for the US NIMH culminated in the Nobel Prize for psychiatrist Eric Kandel's neuroscientific research on memory in 2000.

Not all researchers in the allied fields of psychology, psychiatry, and neuroscience are convinced by the claims of the biomedical model and neuroscience in particular so that a prominent developmental psychologist Jerome Kagan made *An Argument for Mind* in 2006. Arguing from the perspective of cultural psychiatry, the influential Arthur Kleinman pleaded for *Rethinking Psychiatry* in 1991 and later declared in an editorial that "academic psychiatry is in trouble," reaching for the "narrowest of biological research approaches of decreasing relevance to clinical practice and global health." Many other voices have joined him in this recognition that "psychiatry is in the midst of a crisis," as articulated by Bracken and associates in 2012. We will examine their diagnosis and their prescription for "rebalancing academic psychiatry" (Kleinman) by going "beyond the current paradigm" (Bracken and associated) in more detail.

Furthermore, the classification system called the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA), now in its fifth edition and an ongoing progeny of Kraepelin, has been dismissed as a mere "dictionary" by Thomas Insel of the NIMH where he pursued genetic predispositions and neural substrates in the brain as explanatory models for mind.

From psychiatry in crisis as a medical discipline to critical psychiatry casting for a new model, what will be the result? Will it be the *end of psychiatry* or its *renaissance* as something new and different, either as a more comprehensive theory and practice of the humanities and social sciences or as a new branch of medicine called the neurosciences?

This volume offers a representative and critical survey of the history of modern psychiatry with deeply informed transdisciplinary readings of the literature and practices of the field by the two of us who are professors of psychiatry with dual training in scientific psychiatry and philosophy. More important, we are both active in practice and engaged in research and confront these issues in our daily practices as clinical psychiatrists and researchers. Yet, this is not a case-based study. The reason is that we are addressing psychiatry's *philosophical and scientific foundations* rather than appealing to the sometimes compelling narratives of clinical

practice. References to clinical syndromes are used throughout the text to illustrate contentions and critiques. The single major case presented is a detailed investigation of “The Case of Ellen West” by Ludwig Binswanger, the foundational case of existential analysis, because this approach claims to elucidate the subjective phenomenology or lived experience of psychiatric patients. Di Nicola shows in Part II that this is not only impossible but destructive and why his philosophical archaeology of Ellen West spells with her suicide the death of existential analysis and the end of subjective phenomenology in psychiatry.

The major arguments marshaled here are from philosophy and biomedical science. This book does not directly address the claims and critiques of psychiatry launched by the human and social sciences nor the concerns of patient groups, although we are richly aware of their positions. Even in the review of Critical Psychiatry in Part II, we see *anti-psychiatry* largely as a movement within psychiatry – *psychiatry against itself*. A major exception is the work of psychologist turned philosopher and historian, Michel Foucault, because of his extraordinary impact as one of the most cited and influential authors in the human and social sciences.

In alternating sections presenting contrasting arguments for the future of psychiatry, we conclude with a call for renewal in psychiatry to flesh out the theoretical, research, and practical implications of psychiatry’s current crisis, outlining areas of divergence, consensus, and fruitful collaborations to revision psychiatry today. The volume is richly documented and offers capsule summaries of key areas of theory, research, and practice for the student and specialist alike in the humanities and social sciences, and in medicine, psychiatry, and the neurosciences.

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Acknowledgments

The inspiration for this project together came out of enduring hopes and lingering disappointments over the state of psychiatry. Both of us were inspired by philosophy to read psychiatry more critically and not be satisfied with either the “standard model” of our training days or the emerging model of neuroscience. Our dialogue started at the regional congress of the World Psychiatric Association in Bucharest, Romania, in 2013, just after Di Nicola completed his doctorate in the philosophy of psychiatry in 2012, where we expressed mutual concerns over the current crisis in psychiatry, continued with Stoyanov’s presentation on psychiatry in crisis at the First Eastern European Conference of Mental Health in Galati, Romania, in 2017 and Di Nicola’s visits to Stoyanov’s departments of psychiatry and psychology in Plovdiv and Sofia, Bulgaria, later that year, followed by our presentation on our project at the annual meeting of the American Psychiatric Association in New York City in 2018.

For Di Nicola, a seminar on the social sciences and psychiatry that he initiated in his Department of Psychiatry and grew into the postgraduate course he co-directs at the University of Montreal on “Psychiatry and the Humanities” serves as a transdisciplinary laboratory of ideas cross-pollinating psychiatry from the social sciences and the humanities. For Stoyanov, as he describes it in the text, the dual engagement in philosophy and neuro-imagining research was a more conventional laboratory replete with high expectations, intriguing findings, yet deep frustrations.

Psychiatry in Crisis has been a collaborative work-in-progress with both detailed analyses and general conclusions presented or published in different forms over the past several years, as noted below.

Part I – Psychiatry in Crisis as a Medical Discipline

Stoyanov’s theoretical and empirical contributions to neuroscience and philosophy presented in Part I were elaborated in his thesis for a doctorate of science, supported by a sabbatical grant from his department in Plovdiv, Bulgaria:

Stoyanov, D.S. (2018). *Psychiatry in crisis: Opportunities of translational neuroscience*. Medical University of Plovdiv.

Part II – Psychiatry in Crisis as a Human & Social Science

Di Nicola's philosophical critique of phenomenology in psychiatry presented in Part II is adapted from his doctorate in the philosophy of psychiatry:

Di Nicola, V. (2012). *Trauma and event: A philosophical archaeology*. European Graduate School.

His analysis of “The Case of Ellen West” by Ludwig Binswanger, elaborated in Part II, Chap. 6, evolved over numerous presentations at McGill University (2010, 2013) and the University of Montreal (2010, 2012) and was first discussed briefly in print in:

Di Nicola, V. (2011). The enigma of Ellen West: Twentieth-century psychiatry's projection screen. In *Letters to a young therapist: Relational practices for the coming community* (pp. 105–110). New York/Dresden: Atropos Press.

“Psychiatry Against Itself”: Radicals, Rebels, Reformers, and Revolutionaries, presented in Part II, Chap. 7, was prepared for a seminar on “Psychiatrie et sciences sociales” (Department of Psychiatry, Université de Montréal, 2013–2015) and a postgraduate course on “Psychiatrie et sciences humaines” (Faculty of Medicine, Université de Montréal, since 2016); both in French. It was presented in Portuguese as part of a panel on “Psychiatry in Negation and the Roots of Family Therapy,” organized by Di Nicola who contributed, “Psychiatry Against Itself: How Anti-Psychiatry Provoked the Family Therapy Movement,” at the *XII Congresso Brasileiro de Terapia Familiar*, ABRATEF, Gramado, RS, Brazil (11 June 2016); and in French at the *Colloque Psy-ences: L'institutionnalisation de l'esprit*, Dept. of Philosophy, Université du Québec à Montréal (8 June 2017). The ideas were first developed in my doctorate in philosophy at the European Graduate School, *Trauma and Event: A Philosophical Archaeology* (Di Nicola 2012). An earlier version was published in:

Di Nicola, V. (2015, December). Psychiatry against itself: Radicals, rebels, reformers & revolutionaries. A philosophical archaeology. *Journal of The International Association of Transdisciplinary Psychology*, 4(1), 1–18.

Progress reports and discussions of our “Psychiatry in Crisis” project include:

Stoyanov, D. S., Di Nicola, V. (2017). “Psychiatry in Crisis: Epistemological and Ontological Concerns.” In *and Out of Your Mind: 1st Eastern European Conference of Mental Health*, Galati, Romania, May 12, 2017. Abstract published in: *American Journal of Psychiatry and Neuroscience*, November 2017, 5(6–1): 6.

Stoyanov, D. S., Di Nicola, V. (2018, May 7). *Poster: “Psychiatry in a state of crisis: A conceptual, methodological, and practical critique.”* Annual Meeting, American Psychiatric Association, New York.

Stoyanov, D.S., Di Nicola, V. (2020). Plenary Address: “Psychiatry in Crisis: At the Crossroads of Social Sciences, the Humanities, and Neuroscience,” In *3rd national congress in clinical psychology with international participation*, Institute for Mental Health and Development, Sofia University Dept. of Psychology, Sofia, Bulgaria, October 18, 2020. (Presented in Bulgarian).

Finally, Di Nicola wrote an editorial in the inaugural issue of the *Bulgarian Journal – Mental Health* on the crisis in mental health and psychiatry summarizing the conclusions of this volume:

Di Nicola, V. (2020). Editorial—“Crisis? What crisis?” The crisis of psychiatry is a crisis of being. *Bulgarian Journal – Mental Health*, 1(1): 4–10.

We would like to thank two fellow psychiatrists for their contributions to this volume – KWM (Bill) Fulford, Fellow of St Catherine’s College, Oxford, who is a pioneer of the academic field of philosophy and psychiatry, for his warm enthusiasm for our project and for opening this volume with his generous but provocative Foreword, and Allen Frances, Professor Emeritus and former Chair of the Department of Psychiatry at Duke University and past chair of the APA’s DSM-IV, for his early support of our work and for writing a cautiously hopeful Afterword to close and round out our arguments.

About the Book

This volume is a report on the critical state of contemporary psychiatry. It offers a representative and critical survey of the history of modern psychiatry with deeply informed transdisciplinary readings of the literature and practices of the field by Di Nicola and Stoyanov, two professors of psychiatry with dual training in scientific psychiatry and philosophy.

In alternating sections presenting contrasting arguments for the future of psychiatry, Di Nicola and Stoyanov conclude with a call for renewal in psychiatry to flesh out the theoretical, research, and practical implications of psychiatry's current crisis, outlining areas of divergence, consensus, and fruitful collaborations to revision psychiatry today. The volume is richly documented and offers capsule summaries of key areas of theory, research, and practice for the student and specialist alike in the humanities and social sciences, and in medicine, psychiatry, and the neurosciences.

The authors are both professors of psychiatry in respected university departments of psychiatry. They also share professional training and engaged activities in the philosophy of psychiatry. Moreover, they are both active practitioners who confront these issues in their daily practices as clinical psychiatrists and researchers. As fellow Europeans, with Di Nicola working in North America and Stoyanov working in Europe, both are active in national and international psychiatric organizations and together bring varied international expertise to this study. From these informed perspectives, Stoyanov and Di Nicola pose fundamental *epistemological* (dealing with knowledge) and *ontological* (related to being) questions about the crisis of psychiatry, what they imply, and how to go about resolving them to renew psychiatry today.

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