

# Psychiatry and Human Nature

---

In *Psychiatry and Human Nature*, Owen elegantly teases out alternative world views in psychiatry and mental health through the lens of the alternative classical and romantic traditions. Erudite, yet readable, it provides a refreshingly original take on the many controversies in how we conceptualise and respond to mental disorders.

*Professor Matthew Hotopf CBE FRCPsych FMedSci  
Executive Dean  
Institute of Psychiatry Psychology & Neuroscience  
King's College London  
London*

This is a serious book. Professor Gareth Owen has written a compelling and masterly account of the interrelationship of mental disorder, human nature and human freedom. He takes a detailed, logical and comprehensive stance towards his subject. He is thoughtful, knowledgeable and, if I might say so, erudite. He examines his subject through classic and romantic perspectives. His elucidation of phenomenology, its place and role in psychiatry, its contributions to descriptive psychopathology and, through this, its influence on classification of psychiatric disorders was thorough and enviable.

Throughout, Professor Owen exemplifies his points by drawing from his own clinical cases and also from the literature. His analysis is always grounded in the phenomenology of Karl Jaspers, Max Scheler and others. I found his exposition on the problems of diagnostic practice persuasive and balanced. His discussion of the distinction to be made between 'Understanding' and 'Explanation' was helpful and illuminating. In his examination of the life of Leonardo da Vinci, he drew attention to what the differences were between a mere description of a life and an interpretation of critical events in a life, composed of the meanings and values determining action. This lesson is one that all psychiatrists should learn and apply in the context of clinical encounters.

Professor Owen's book is rich and enriching. It shows his absolute mastery of his subject and his total command of his field. It is a book that I will return to, again and again, because he has mined a deep and abundant seam.

*Femi Oyebode  
Professor of Psychiatry  
School of Psychology  
University of Birmingham  
Birmingham*

Gareth Owen has written a fascinating history of psychiatry. At once erudite and personally immediate, the book covers both the science and art of psychiatry, and the need for both in case formulation. The work is underpinned with a profound understanding of philosophical discussions about human nature and the historic tensions between philosophy and psychiatry. Case studies, informed by his Owen's clinical practice, are frequent and helpful pointers to the urgency of such issues in the lives of ordinary people. Richly interdisciplinary – there is a lovely chapter that uses fine art to elucidate one of the central themes: the difference between 'understanding' and 'explanation' in psychiatric terms – the book reminds us that human nature evolves with us, that we are never entirely 'rational' or 'emotional', never entirely 'classical' or 'romantic' (to use one of

Owen's classifications), and that even cutting-edge science must accommodate this. The book ends with a contemporary discussion of 'mental capacity' and what current understanding in psychiatry means with regard to justice for those suffering from mental disorders

*Professor Carl Gombrich  
Dean  
The London Interdisciplinary School  
London*

Professor Owen has pulled off a remarkable feat. He has constructed a major intellectual work that springs from some old traditions yet speaks to our modern times. It is a book about psychiatry yet is neither conventional textbook nor fashionable critique. Owen shows that mental disorders stretch and buffet comfortable notions of human nature, what it is to be a free agent and what it is suffer and to care about the suffering of others. Those looking for easy positions on whether our mental health is simply a matter of biology, private introspection or the politics of how one group suppresses another will be disappointed. The book is a guide on how to bring out what's useful and true about many different perspectives and a way of integrating them, of balancing them. At the end we will certainly understand more about what psychiatry is trying to do but, more than that, we will have a fuller and deeper picture of what it means to be human.

In an age of polarisation and blinkeredness in our discourse about what really matters in life, *Psychiatry and Human Nature* is not only welcome but urgently needed.

*Professor Anthony S. David  
Division of Psychiatry  
University College London  
London*

Rich, erudite and thoughtful, Owen makes a compelling case for the necessity of engaging with human nature in all its complexity and ambiguity for both our understandings of psychiatry and of legal responses to mental illness/impaired capacity. The longitudinal perspective and the four-fold division into classic/romantic/right/left offers a new and helpful framing of the evolution of psychiatry and law. While this is not a book about the reform of mental health or capacity law, it provides those who advocate for such reform (from any perspective) with a valuable reminder of the importance of open debate and epistemic humility.

*Professor Mary Donnelly  
Law School  
University College Cork  
Ireland*

*Psychiatry and Human Nature* is a tour de force; it is a comprehensive, fresh, rich and highly accessible treatment of the epistemology, methodology and ethics of psychiatry, including its history in Europe, the UK and the US since the nineteenth century, and contemporary political-legal controversies over patient freedom of decision-making in health care, which is particularly vexing in the context of mental disorder.

Owen argues that psychiatry needs to return to the concept of human nature, from two stances: the classical and the romantic. The distinction between these stances cross-cuts distinctions between mind and body, mind and brain, and psychology and biology; it is also more fruitful. The classical stance manifests in looking for causes, explanations, systematicity and intervention. The romantic manifests in looking for the meaning of a disturbed person's expressions, however bizarre, in order to understand them from within their world. The latter is illustrated by the *Verstehen* (understanding) method of psychiatry that was developed with the tools of the philosophical approach of German phenomenologists Husserl, Stein, Heidegger, Scheler and, especially, philosopher-psychiatrist Karl Jaspers. Owen argues for the ineliminability and fecundity of *Verstehen* psychiatry alongside our cause-seeking classical approaches. On this basis he makes strong recommendations about classification and formulation of a case in clinical practice.

On the ethical side, with suicide the psychiatric case with the highest stakes, the desire to protect often takes a classical form of seeking explanations and predictions, which is thwarted by our thorough inability to predict in the individual case. The romantic valuation of human freedom is compelling in the case of assisted suicide for people dying in pain. Yet, suicide prevention is a primary obligation of doctors and of the state. Policy and law in these areas are under rapid development, in the context of activism by patients and discoveries of the complexities of freedom of decision-making for people with disabilities deriving from mental disorders. There is no better introduction than Part II of this book, to the contemporary conversation in policy, law, and the interested public about freedom, authority and the doctor–patient relationship, a conversation in which Owen has played a leading role.

From theoretical, historical and methodological analysis, Owen derives one concrete recommendation after another, for clinical practice, research and discussions of policy. It is difficult to do justice to this book in any short summary. It is a landmark, and should be required reading in the training of every psychiatrist, whether clinician or researcher.

Sherrilyn Roush  
Professor of Philosophy  
University of California  
Los Angeles (UCLA)

Professor Owen, a psychiatrist with a strong background in philosophy, presents a highly original approach using two perspectives or lenses – the ‘classic’ and the ‘romantic’ – to enrich our understanding of the nature of psychiatry, and, indeed, in turn, some key elements of human nature. The book is in the tradition of Karl Jaspers’s ‘General Psychopathology’ in the fundamental questions it tackles and in its wide scope. How the two perspectives work, and how in their complementarity they promise a fuller account of psychiatry, are illustrated across a broad range of that discipline’s essential features, including phenomenology, classification, diagnosis, the ‘understanding’/‘explanation’ distinction, case formulation and fundamental ethical challenges such as respect for patient autonomy and treatment without consent.

George Szumukler  
Emeritus Professor of Psychiatry and Society

*Institute of Psychiatry, Psychology & Neuroscience  
King's College London  
London*

Today, it takes a lot of courage to talk about human nature rather than about oppressed identities. Gareth Owen's new book is a welcome and deeply humanistic contribution to psychiatry. The book is extremely well-written, engaging and highly informative. The reader is exposed not only to the most relevant psychiatric viewpoints but also to enriching references to philosophy and literary sources. Inspired by Goethe, Owen distinguishes between two basic human attitudes or orientations: the classical and the romantic. The former is usually associated with the Enlightenment and thus with science, reason, reductionism, explanation and categorisation. The latter is characterised by a more holistic and dynamic approach, self-awareness, will, understanding and dynamism. These two attitudes must be understood as family resemblances or prototypes rather than rigidly demarcated orientations. They may be further subdivided according to their political outlook.

Owen's principal aim is the claim that the way we conceive of the 'psychiatric object' is intrinsically dependent on our view of human nature. The book consists of two parts. The first part deals with the development of psychiatry, the origin of classifications, and the permutation of psychiatric classifications, including DSM-IV and DSM-5. It also deals with biological approach to psychiatry, explanation and understanding. Additionally, it contains an exposition of descriptive and philosophical phenomenology.

Owen repeats his teacher John Cutting's motto: Psychopathology is applied philosophy. The essential point in Owen's description of clinical practice is the notion of case formulation which implies an evaluative matrix containing multiple aspects of the patient's history, resources, risk factors and psychopathology. For older psychiatrists such case formulation may seem to be obvious, but it is far from being evident in today's management-oriented psychiatric practice. This part of the book should be an obligatory reading for residents and other mental health professionals in psychiatry because it provides an easily accessible and thoughtful overview of psychiatry with its recent development and fundamental controversies. The second part of the book devoted to ethical issues in psychiatry deals with the problems and solutions concerning consent, suicide prevention, assisted dying, involuntary treatment, etc. Owen uses many clinical examples and exercises to illustrate the issues at stake. This part argues strongly for the notion of the patient's mental capacity to judge in situations involving constraint and legal issues. Mental capacity is a functional notion replacing the traditional description of psychopathological status and its potential consequences.

In sum, this is a highly welcome attempt at conveying a deep humanism in psychiatry, which is especially needed in our time of widespread and rampant reification of human beings.

*Josef Parnas, MD, Dr Med Sci  
Emeritus Professor of Psychiatry  
University of Copenhagen  
Denmark*

Gareth Owen has given us a book that makes the reader think. We think about diagnosis, and what it means in psychiatry. We think about how we know, and what it means in psychiatry to know anything about anyone's mental states. We think about freedom, and what it means to restrict it in psychiatry. We think about our theories in psychiatry, and what they really mean. Usually, we don't think; we just do. Psychiatrists, mental health clinicians, and the general public have beliefs about mental illness and theories about mental health. But we don't think about those beliefs and theories; we just have them. Dr Owen invites us to think with him and, in the process, learn much that we didn't know, and to unlearn assumptions and even falsehoods we believed. Owen is in a small but golden tradition of thinkers in psychiatry, from Karl Jaspers a century ago onwards. Let us read, and think, with him, and grow wiser about ourselves.

*Nassir Ghaemi, MD  
Director, Mood Disorders Program, Tufts Medical Center  
Professor of Psychiatry, Tufts University School of Medicine  
Lecturer on Psychiatry, Harvard Medical School, US*

# Psychiatry and Human Nature

---

## Classic and Romantic Perspectives

**Gareth S. Owen**

Professor of Psychological Medicine, Ethics and Law, Institute of Psychiatry, Psychology and Neuroscience, King's College London & Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust



CAMBRIDGE  
UNIVERSITY PRESS

Cambridge University Press & Assessment  
978-1-009-21253-3 — Psychiatry and Human Nature  
Gareth S. Owen  
Frontmatter  
[More Information](#)



Shaftesbury Road, Cambridge CB2 8EA, United Kingdom  
One Liberty Plaza, 20th Floor, New York, NY 10006, USA  
477 Williamstown Road, Port Melbourne, VIC 3207, Australia  
314–321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre,  
New Delhi – 110025, India  
103 Penang Road, #05–06/07, Visioncrest Commercial, Singapore 238467

Cambridge University Press is part of Cambridge University Press & Assessment,  
a department of the University of Cambridge.

We share the University’s mission to contribute to society through the pursuit of  
education, learning and research at the highest international levels of excellence.

[www.cambridge.org](http://www.cambridge.org)  
Information on this title: [www.cambridge.org/9781009212533](http://www.cambridge.org/9781009212533)  
DOI: 10.1017/9781009212526

© Gareth S. Owen 2025

This publication is in copyright. Subject to statutory exception and to the provisions  
of relevant collective licensing agreements, no reproduction of any part may take  
place without the written permission of Cambridge University Press & Assessment.

When citing this work, please include a reference to the DOI 10.1017/9781009212526

First published 2025

*A catalogue record for this publication is available from the British Library*

*A Cataloging-in-Publication data record for this book is available from the Library of Congress*

ISBN 978-1-009-21253-3 Paperback

Cambridge University Press & Assessment has no responsibility for the persistence  
or accuracy of URLs for external or third-party internet websites referred to in this  
publication and does not guarantee that any content on such websites is, or will remain,  
accurate or appropriate.

.....

Every effort has been made in preparing this book to provide accurate and up-to-date information that is  
in accord with accepted standards and practice at the time of publication. Although case histories are  
drawn from actual cases, every effort has been made to disguise the identities of the individuals involved.  
Nevertheless, the authors, editors, and publishers can make no warranties that the information contained  
herein is totally free from error, not least because clinical standards are constantly changing through  
research and regulation. The authors, editors, and publishers therefore disclaim all liability for direct or  
consequential damages resulting from the use of material contained in this book. Readers are strongly  
advised to pay careful attention to information provided by the manufacturer of any drugs or equipment  
that they plan to use.



# Contents

*Preface*    xvii

**Preface Summary:**

Gives a short outline of the book and its aims and addresses some other areas of relevance.

- A Brief Outline of the Book    xvii
- The Trajectory of the Book    xviii
- Who the Book Is For    xviii
- Where the Book Came From    xviii
- Language    xviii
- Identity and Standpoint    xix

*Acknowledgements*    xx

## Introduction

1    **‘Classic’ and ‘Romantic’ in Psychiatry**    1

**Chapter Summary:**

Introduces and elaborates a distinction between the ‘classic’ and ‘romantic’ perspectives. Contextualises the terms using Goethe’s idea of ‘world literature’. Draws out qualities such as the ‘Olympian detachment’ of the classic perspective and the temporality, self-awareness and will to action of the romantic perspective with right and left political hues. Explores prototypes both in and out of psychiatry and outlines how the perspectives will be used in the book.

- Introduction    1
- Clarifying Terms    2
- The Classic Perspective (with Prototypes)    4
- The Romantic Perspective (with Prototypes)    5
- Further Elaborations    7
- The Psychiatric Context    11
  - Classic Psychiatry    11
  - Romantic Psychiatry    12
- Approach to and Pictures of the Classic–Romantic Relationship    13

x	Contents
---	----------

Part I – Towards Psychiatric Formulation

2	What Is Phenomenology?	17
---	------------------------	----

Chapter Summary:

Starts with phenomena patients report and discusses the interpretative challenge. Addresses two meanings of phenomenology: one from philosophy and one from descriptive psychopathology in medicine. Discusses the use some romantic psychiatrists have made of philosophical phenomenology to understand ‘the worlds’ of patients.

- Problems of Interpretation 18
- What Is Phenomenology? 20
- Phenomenology in Philosophy: Husserl, Scheler and Heidegger 20
- Phenomenology in Psychiatry: Signs and Symptoms 23
  - Signs and Symptoms 23
- The World of the Patient 25

3	Applying Phenomenology	29
---	------------------------	----

Chapter Summary:

Elaborates the meaning of descriptive psychopathology given by the psychiatrist/philosopher Karl Jaspers. Presents phenomena of ‘bizarreness’ often taken to indicate the puzzling condition of schizophrenia. Applies philosophical thought experiments to these phenomena drawing on the work of Louis Sass and John Cutting which press beyond Jaspers’ understanding of schizophrenia. Gives recommendations on the future of psychiatric phenomenology.

- Jaspers’ Psychiatric Phenomenology 29
- Phenomenological Approach to Presentations of Bizarreness 33
- Radical Philosophical Understanding 37
  - Passivity Symptoms 41
  - Second-Personal Feeling in Encounters with People with Schizophrenia (Rümke’s Reflections) 41
  - Self-Reference in Judge Schreber’s Memoir 42
  - Delusional Misidentification 42
  - The Perplexing Cases 2 and 3 42
- Limits of Radical Philosophical Understanding 43
- The Future of Psychiatric Phenomenology 44

4 Why Classify in Psychiatry?: ‘Meddling Intellect’ 46

Chapter Summary:

Presents classification debates in psychiatry historically as a struggle between the classic perspective, which seeks to classify, and the romantic perspective, which rebels against classification. Presents the DSM-III project as an achievement of the classic perspective which resolved one crisis only to bring forth another.

- Origins of Psychiatric Classification 46
- What Is Diagnosis? 49
- Pro and Anti-diagnosis 50
- Crisis in Anti-diagnosis 51
- Reliability Is the Idea! The DSM-III Project 53
- Reliability for What? 58
- Search for the Biological Validity of Categories 59

5 Taming the Classification Mindset 63

Chapter Summary:

Presents various reactions to the crisis in the DSM-5 project and how they coalesce around the idea that dimensionality is *the* way to classify mental disorder. This idea is then subject to some historical analysis and recommendations are made about how to balance future debate on classification, drawing upon both the classic and romantic perspectives.

- Crisis in DSM-5 63
- Dimensions Are the Idea! 64
- Categories Versus Dimensions 65
- Taming the Classification Mindset 70

6 Understanding and Explaining in the Psychiatric Assessment: Two Worlds 72

Chapter Summary:

A distinction between types of methods (understanding and explanation) that generate different kinds of evidence relevant to the psychiatric assessment is characterised. The distinction is animated with both non-clinical and clinical examples and exercises. Scepticism about the distinction is addressed and three influential systems of psychiatric knowledge which collapse/merge understanding and explanation in different ways are discussed. The argument is made that the distinction (analogous to the romantic/classic distinction) resurfaces and is compelling. However, another challenge becomes important – holism in psychiatric assessment – which the understanding/explanation distinction leaves in an unsatisfactory state.

xii	Contents
-----	----------

- The Distinction Between Understanding and Explanation (with a Non-clinical Exercise) 72
  - Understanding 72
  - Explaining 80
- Understanding and Explanation in a Clinical Exercise 82
- Collapsing the Understanding/Explanation Distinction in Psychiatry 84
  - The Freudian Solution 84
  - The Cognitive Neuroscience Solution 85
  - The Big Data Science Solution 87
- Reflections 88

7 Case Formulation: Holism in Psychiatry 90

Chapter Summary:

Traces the history of the biopsychosocial model, the concept of diagnostic hierarchy and the role of 'Verstehen' (or intersubjective meaning grasping) in the psychiatric assessment. All three of these holistic concepts are considered relevant to the practice of case formulation. Responding to challenges aimed at these concepts, it is argued that they can be rethought and defended, and some recommendations are given for a renewed practice of formulation which balances the classic and the romantic perspectives.

- The Biopsychosocial Model 91
- The Causal Nexus: The Connections Between Phenomena 97
- The Diagnostic Hierarchy 98
- Verstehen Psychiatry: Meaning 102
- What Is Formulation? 104

Part II – Psychiatry and Ethics

8 Suicide: Social Entanglement 107

Chapter Summary:

Considers suicide (or intentional self-killing) both from the perspective of psychiatry, where it affords risk formulation, and from the perspective of self-determination, where, increasingly, it is viewed in terms of a human right. Maps the imbalances in both mental disorder-only and autonomy-only views of suicide and the deep complexities of policy-making in this area as society thinks anew. Some recommendations are made about calibrating suicide risk formulation and deliberating assisted suicide.

- Part 1 Suicide and Mental Disorder 108
  - Suicide Risk 109
  - Predicting the Suicide of an Individual 111
  - Zero Suicide 112
  - Suicide Risk Formulation 112
- Part 2 Suicide and Freedom 113
  - Assisted Dying/Suicide 114
  - Suicide Out of Psychiatric Context 116
- Entanglement and Policy Dilemmas 118

9 Mental Capacity: Mental Disorder/Disability and Freedom 121

Chapter Summary:

Introduces the concept of mental capacity as a key meeting point between human freedom and mental disorder/disability. Discusses the emergence of a functional idea of mental capacity, away from a status or outcome test. Gives an account of how the functional idea has been operationalised in mainly US–UK law and field tested in cases before a specialised court in England. Views this process as a classic one involving the public use of reason within a parliamentary democracy. Shows that an important romantic concern about the functional test (namely, that it overlooks the emotional or valuational aspects of human nature with an intellectual bias) is ameliorated. Introduces ongoing capacity debates, which are developed further in Chapter 10.

- Freedom 121
- Mental Disorder/Disability and Freedom 122
- The Pushback 123
- Status and Outcome 125
- Mental Capacity for What? (The Functional Idea) 126
- Intellectual Bias? 128
- Public Use of Reason 131

10 Mental Capacity: Imagining the Future 133

Chapter Summary:

Continues the discussion of mental capacity with expansion of the debates brought by the romantic perspective. Presents the political demand for radical equality coming from left romanticism, with its wild ‘abolitionist’ agenda on the one hand, and a seeding of some new social approaches to capacity assessment on the other. A deeper inquiry into mental capacity and mood disorder using romantic ideas of temporality is presented as additional stimulus for the evolution of mental capacity. Some characteristics of mental capacity that fit it to a ‘super concept’ are explained which may guide future interdisciplinary research and teaching.

xiv	Contents
-----	----------

- The Demand for Radical Equality 133
- Progressive Realisation of Universal Legal Capacity 136
- Mood and Future 137
- Romantic Mental Capacity Assessment 143
- Mental Capacity As a ‘Superconcept’ 143

11 Treatment with and without Mutuality: Care Relationships 145

**Chapter Summary:**

Addresses the doctor–patient relationship in the context of historical and current considerations of psychiatric authority as well as patient self-determination and loss of mental capacity. Develops a model of the doctor–patient relationship in terms of mental capacity and identifies associated negative and positive psychological processes. Views change and adaptability as both realities and sources of hope. Suggests that the pre-modern Hippocratic relationship is now unworkable and that the doctor–patient relationship in the modern state is out of equilibrium whilst still at the heart of care. Recommends that better understanding the doctor–patient relationship within the modern state is a priority for psychiatric ethics.

- Paternalism and Benevolent Authority 145
- Power Imbalance: Radical Views 147
- Shared Decision-Making: Choice and Voice 149
- The Challenge of Severe Mental Illness 152
- Models of the Psychiatrist–Patient Relationship 157
- Change and Adaptability 160
- Challenges of the Doctor–Patient Relationship 161

Conclusion

12 Psychiatry and Human Nature 164

**Chapter Summary:**

Urges psychiatry to get back to human nature because the concept, together with the idea of human freedom and classic and romantic perspectives, is required to calibrate the normal and the pathological in psychiatry. Highlights balance by showing how ‘sickly’ (Goethe) pictures of human nature and human freedom have adverse effects on psychiatry, including its interface with political life. Revisits the classic and romantic perspectives, considering them in and out of balance in different ways. Distils a tripartite picture of the relationships between human nature, human freedom and mental disorder relevant to future research and teaching on psychiatric formulation and psychiatric ethics.

	Contents	xv
• Calibrating the Normal and the Pathological	165	
• Ideas of Human Nature: Steering from Sickly Pictures	165	
• Concepts of Human Freedom: Avoiding Sickly Pictures	168	
• Classic and Romantic In and Out of Balance	170	
◦ The Organism As a Condition for World-Openness	171	
◦ Balancing Right and Left Romanticism	173	
◦ Parliaments as a Condition for Political Balance	174	
◦ Universities In and Out of Balance	176	
• Recapitulation and Some Thoughts for the Future of Psychiatry	178	
<i>Index</i>	181	

# Preface

## A Brief Outline of the Book

This book has the aim of renewing an interest in psychiatry and human nature.

It is written at a time when the very idea of human nature is at a low ebb because it is viewed as either too universalistic by identitarian or postmodern ways of thinking (whatever their political hues) or too imprecise by empiricist or criteriological philosophies (whether they manifest in social science, neuroscience or psychological science). By concentrating on some core topics in psychiatry it seeks to show that psychiatry is always dealing with human nature and, at its best, helps to reveal human nature.

An influential narrative I want to question is that the concept of human nature in psychiatry is irremediably rationalistic and best abandoned. I will argue that, in fact, the idea of human nature in psychiatry has never been solely rationalistic and that it has always been grasped in a dual way. However, instead of framing this duality in terms of rationalism/irrationalism, I find it more helpful to understand it as a dualism of perspectives: the ‘classic’ and the ‘romantic’ perspectives. These are not precise terms (and they may falter in places), but the aim of the book is to introduce them, clarify them and work with them more explicitly in psychiatry. The contention is that these perspectives, or modes of attention, give relevant kinds of evidence, and that balancing them in psychiatry reveals human nature and helps us see more structure. The dual perspectives also help to displace other assumptions about duality in human nature which make psychiatry very difficult to practise (especially the assumption of mind–body dualism and the assumption that mental disorder and meaningful experience are mutually exclusive). In Chapter 1, I outline what I mean by the ‘classic’ and ‘romantic’ perspectives.

The book will then travel through ten chapters addressing core topics in psychiatry (see the Table of Contents for an overview and short summaries), looking at them from both the classic and the romantic perspectives. The topics I have selected – psychopathology, classification, explanation and understanding, psychiatric formulation and some key topics in psychiatric ethics – fold naturally into two halves.

Psychopathology, classification and explanation/understanding tend towards the mainstream of psychiatry and thus form one half of the book (Part I). They are all pulled towards the question of how to integrate meaning and causation in the psychiatric assessment of *mental disorder*, which is the task of formulating a case in psychiatry. Psychiatric formulation is thus the final chapter of Part I. The topics in psychiatric ethics (suicide, mental capacity and the doctor–patient relationship) all involve the concept of *human freedom* and thus are pulled to the second half of the book (Part II). The concept of human freedom opens up political aspects of psychiatry, which I discuss in this part of the book.

In Chapter 12, I return to the general idea of psychiatry and human nature, making use of Goethe’s famous remark on the ‘sickly’ as a certain imbalance of cultural life. I suggest that general cultural pictures of human nature and human freedom have ‘sickly’ versions which can adversely affect both psychiatric case formulation and psychiatric ethics, and unbalance political aspects of psychiatry. This makes it more important that we keep trying to understand human nature and human freedom in relation to mental disorder. I suggest in



the final chapter that there is a triadic relation between human nature, mental disorder and human freedom.

## The Trajectory of the Book

The trajectory of the book is intentionally set at quite a high altitude. This is to be able to spot broad patterns of relation between psychiatry and human nature. However, I will also be using case materials and data to bring patterns into view. Practical aspects of psychiatry cannot be covered in this trajectory and so are for other places, but the patterns I am interested in are grounded in practice and, I believe, can and should inform practice.

## Who the Book Is For

I have written the book for an interdisciplinary audience and as little as possible is presupposed. For psychiatrists and other clinicians, the book offers a view of familiar clinical topics through a more philosophical and humanities-based lens than they may be used to. For non-clinicians with backgrounds in humanities or social sciences, the book offers views on concepts they will be familiar with that have a psychiatric facet or aspect which they may not be familiar with.

## Where the Book Came From

Much of the material has grown out of a postgraduate interdisciplinary module I have taught at King’s College London for the last eight years called Concepts of Psychiatry. This has been a core module on the master’s programme Mental Health, Ethics and Law, which runs out of the Law School. Students studying this module come from a variety of academic backgrounds and have a varying range of familiarity with psychiatry: from consultant-level familiarity to virtually none. These students typically have backgrounds in law, medicine, philosophy, psychology and neuroscience or social sciences. So, the material in the book has developed in an environment where it is not possible to take anything for granted other than postgraduate academic ability and an interest in psychiatry. I have found the environment to be a wonderful postgraduate discussion forum for psychiatry and human nature, and the students have been fantastic sources of inspiration over the years.

Another important source of inspiration for the book has been the Maudsley Hospital. This includes the Maudsley Philosophy Group Trust, of which I have been a trustee since 2007. We have held regular seminars on the psychiatry–philosophy interface since 2007, which have been very formative in shaping my thinking. I practise psychiatry and teach psychiatrists and medical students at the Maudsley and King’s College hospitals. Patients are mentors, and junior doctors and clinical colleagues are acid tests. I would lose my way in psychiatry without the grounding experience of seeing individual patients as well as answering junior doctors’ questions and being responsive to the thoughts of colleagues.

## Language

Language is a challenge for psychiatry, as it is for any discourse on human nature. A recurring issue is what term to use for mental disorder and associated ideas. Trying to find the right term is difficult, although there seems to be a reasonably good consensus that one can only be so successful – or, in other words, that perfection is the enemy of the good. Above all, we need to avoid a ‘Tower of Babel’ problem whereby one person does not know what another person is referring to.

The primary aim in the book is to discuss presentations manifesting as mental or behavioural phenomena where there is some kind of clinical concern. The DSM and the ICD use the term ‘mental disorder’; human rights law uses the term ‘mental disorder’ and, increasingly, ‘disability’. On that background of current use, I will use the term mental disorder, though in Part 2 of the book (on psychiatry and ethics) I will tend to use mental disorder/disability. I want to emphasise that this is a broad term and much more needs to be said about its kind, cause, meaning and ethical, legal and social significance – and will be said in the chapters that follow.

Another terminological issue is the language to use for a patient or person who uses mental health services. Once again, many agree that no term is ideal but that selection of a reasonable term, and consistent use of a term, is what we should aim for. In the UK currently, the main terms in use are ‘service user’ or ‘patient’. Given that I am more familiar with the term ‘patient’ and it is more internationally recognisable, this is the term I will use.

Identity and Standpoint

A broadly aimed book like this one, addressing such an intellectually and emotionally complex set of topics, raises the question of the influence of identity and standpoint. I recognise that, and it feels relevant to give some personal background and some reflection on the tradition I stand within.

I was born into a family with an ancestry that is Welsh, American and German, and I grew up within a political and publishing environment in London that was also medical. My mother was a literary agent with a small business. She represented writers ranging from history to cookery to fiction. My father was a neurologist, and his father was a family doctor. My father left medicine early in his career to become a social democratic politician and was, for some time, a public figure. I was a middle child in the family, educated in state schools in London until 16 and then in an independent international boarding school in rural Wales until I was 18. After school, I worked in semi-skilled jobs in Japan, India and Israel. Then, after studying philosophy and physics at university, I studied medicine and psychiatry. I have practised in London (since 2009 as a consultant psychiatrist) with adults and older adults. My academic work has been interdisciplinary, mainly in psychiatry, ethics and law. I am married to a consultant child psychiatrist with East African and Jewish ancestry, and I am parent with her to two children. My cultural upbringing was Christian without strong theistic belief. Other beliefs feel relevant too: I believe that mental disorder/disability exists/ is real, and I have broadly social democratic political beliefs.

Every book is written in some kind of a tradition. I am writing in a tradition of ‘phenomenological psychiatry’. This tradition has comprised mainly continental European psychiatric thinkers, but there are some notable recent British and American contributors. Four of note are John Cutting, Louis Sass, Nassir Ghaemi and Iain McGilchrist. John Cutting has been a significant intellectual mentor to me on this tradition. Also, in writing a monograph about psychiatry (rather than a psychiatric paper) I have realised how indebted it is to three great writers from the humanities: Goethe, Scheler and Jaspers. Their ways of seeing psychiatry and human nature permeate the book.

## Acknowledgements

Huge thanks to John Cutting, Tony David, Robert Harland, Niki Kern, Scott Kim, David Owen, Alex Ruck Keene, Louis Sass, George Szukler and Simon Wilson, who read the draft manuscript and gave incisive feedback.

Also many thanks to Nuala Kane, Tessa Owen, Debbie Owen, Larry Rifkin, Sanjay Ruparelia and Lucy Stephenson, who read specific chapters in draft and gave very helpful feedback on those.

Quinton Deeley, Nassir Ghaemi, Carl Gombrich, Iain McGilchrist, Lucy Owen, Elizabeth Owen and Jacqueline Phillips Owen have all helped in different ways with conversations over the course of this project. I am also indebted to several colleagues over the years at the Maudsley Philosophy Group Trust; the Institute of Psychiatry, Psychology and Neuroscience at King's College London (KCL); the Centre of Medical Law and Ethics at KCL; the Autonomy Project at the University of Essex; and the Sowerby Project in Philosophy and Medicine at KCL.

Chapter 7 is an expanded version of the article 'What Is Formulation in Psychiatry?', published in *Psychological Medicine* (2023;53(5):1700–7). I thank Robin Murray for inviting that article.

Finally, thanks go to staff at Cambridge University Press, especially Catherine Barnes, as well as to eight anonymous reviewers.