

Index

Locators in *italic* refer to figures; those in **bold** to tables

- abnormal beliefs, symptoms of illness, 25
- abolitionism, 124
- accuracy *see* precision and accuracy
- adaptability, doctor–patient relationship, 160–1
- adumbrations, 22
- advance decision-making, 136, 156, 160–1
- affective disorders *see* mood disorders
- agoraphobia, 30
- alcoholism, diagnostics, 54
- alienation, feelings of, 30
- Algeria, French colonial rule, 149
- ancient Greece, forerunners of romantic perspective, 6
- anorexia nervosa, diagnostics, 54
- anthropological perspectives, human nature, 167
- anti-psychiatry-and-law movement, 123–5
- anti-psychotic drug treatments, 51
- anti-social personality traits, diagnostics, 51, 54
- anxiety
 - case formulation, 96
 - diagnostics, 54, 60
- Apollonian Greek tradition, 2
- appearance, symptoms and signs of illness, 24
- applied phenomenology, xvii, 29–33; *see also* psychiatric phenomenology
- Arabian cultures, forerunners of classic perspective, 5
- artificial intelligence (AI), role in healthcare, 162
- assessment, psychiatric *see* case assessment
- assisted dying, 114–15, 116–17, 118–19
- Atkins, Peter, 5
- autism, social enablement, 136
- awareness, concept of, 30–2; *see also* self-awareness
- Balint, Michael, 149, 159, 160
- Basaglia, Franco, 10, 124, 168–9
- battle metaphors, mental disorder/disability, 165
- Beck, Aaron, 11–12, 86–7
- behavioural formulation of anxiety, 96
- behaviours, symptoms and signs of illness, 24
- benevolent authority, doctor–patient relationship, 145–7
- Bentham, Jeremy, 38
- Berlin, Isaiah, 2, 122
- Berrios, German, 24
- big data science, 87–8, 97
- Bingham, Tom, 156
- Binswanger, Ludwig, 26, 159
- biography, 72–6
- biological risk factors, suicide, 110
- biopsychosocial models, 11–12, 19, 50, 51
 - case formulation, 91–7
 - diagnostics, 50, 51, 52
 - life chart, 92
 - psychiatric phenomenology, 23, 24
 - suicide, 113
- bipolar disorder, 98
 - feelings about the future, 137–42
 - phenomenology, 17–18
 - and suicide, 108
- bizarre behaviour, 33–7
 - case examples, 34–6, 37–8
 - radical philosophical perspectives, 37–41
- Blackstone, William, 113
- Bohemian reformist movement, 8
- bracketing, natural attitude, 22, 23, 40–1, 86
- brain injury case example, 172–3
- Bridgeman, Percy Williams, 53
- Brock, D. W., 151
- Brody, Howard, 160
- Burke, Edmund, 9
- Byron, Lord George Gordon, 6
- Camus, Albert, 114, 116
- capacity *see* mental capacity
- Capgras delusion, 39
- care relationship *see* doctor–patient relationship
- Cartesian dualism, 1
- case assessment, xvii, 88
 - big data science, 87–8
 - case example, 72, 82–4, **94**
 - clinical exercise, 82–4
 - cognitive neuroscience perspectives, 85–7, 88
 - explaining, xvii, 80–2
 - Freudian approaches, 84–5, 88
 - Leonardo da Vinci exercise, 72–6, 73
 - understanding, 72–9
- case examples
 - assessment, 72, 82–4, **94**
 - bizarreness presentations, 34–6, 37–8
 - brain injury, 172–3
 - doctor–patient relationship, 154
 - insight into illness, 152
 - mental capacity, 138–42
 - suicide, 108, 115, 118
- case formulation, xvii, 90–1
 - anxiety, 96
 - biopsychosocial model, 91–7, 92
 - causal nexus across domains, 97–8
 - definitions and characterisation, 104–5

- case formulation (cont.)
 diagnostic hierarchy
 approach, 98–102, **99**
 4P model, 93–5, **94**, 97
 recommendations for
 practice, 105
 Verstehen psychiatry, 102–4
 Cassirer, Ernst, 3–4
 catatonia, 98
 categorical models *see*
 diagnostic category
 approach
 causality/causation, xvii
 case formulation, 97–8
 determinants of outcome, 82
 DSM approaches, 63
 suicide, 108–9, 113
 changes, doctor–patient
 relationship, 160–1
 Charvaka School, eastern
 cultural traditions, 2
 chemical metaphors, case
 assessment, 88
 choice, and paternalism, 155
 chronic illness, 150
 Claridge, Gordon, 67
 classic perspective, xvii, 1–2
 balance with romantic
 perspectives, 170–1
 calibration of normal and
 pathological, 165
 characterisation/definition, 4
 classic–romantic
 relationship, 13–15
 concepts of madness, 47, 48
 conceptualisations of human
 nature, 166–7
 contrast with psychiatric
 phenomenology, 29
 diagnostics, 55–7
 distinctions from romantic,
 7, 8, 11
 explanations, 82
Ginkgo Biloba poem, 13, 14
 mental capacity, 143
 pictorial representation, 15
 prototypes/forerunners, 4–5
 psychiatric contexts, 11–12
 role of classification, 70
 terminology, 2–4
 classification, psychiatric,
 xvii, 24
 biological validity of
 categories, 59–61
 historical perspectives on
 madness, 46–9
 role of, 70
see also diagnosis; Diagnostic
 and Statistical Manual of
 Mental Disorders
 clinical exercise, case
 assessment, 82–4
 clinical observation, 49
Clinical Psychiatry (Mayer-
 Gross, Slater and Roth), 93
 clinical psychology perspective,
 DSM-5, 63–4
Clinical Psychopathology
 (Schneider), 99
 cognitive biases, 68
 cognitive formulation of
 anxiety, 96
 cognitive neuroscience
 perspectives, 85–7, 88
 cognitive state, symptoms and
 signs of illness, 25
 community exception, 156
 compulsions *see* obsessions/
 compulsions
 continuum model of
 schizophrenia, 68–9
 controlled experiments, 80–1
 Convention on the Rights of
 Persons with Disabilities,
 UN (CRPD), 133–4, 137
 counter-enlightenment, 2, 3–4
 counterfactual outcomes,
 81–2, **82**
 criteria sets, DSM, 63
 CRPD *see* Convention on the
 Rights of Persons with
 Disabilities
 cultural displacement
 explaining, 83–4
 understanding, 82–3
 culture wars, 8, 13
 Cutting, John, xix, 26, 29,
 38–9, 43–4
 da Vinci, Leonardo
 deluge drawings, 73, 75, 84
 exercise, 72–6
 Vitruvian scheme, 73
 death
 being towards, 22, 23, 40–1,
 86, 172
 feelings about, 138–40
 decision-making
 in advance of illness, 136,
 160–1
 and mental capacity, 130,
 131, 136
 shared, 149–52
 defence mechanisms,
 unconscious, 50
 deluge drawings (Leonardo da
 Vinci), 73, 73, 75, 84
 delusional misidentification,
 39, 42
 delusions, self-reference, 42,
 43–4; *see also*
 hallucinations
 dementias
 assisted dying, 117–18
 diagnostic validity, 60
 mental capacity, 138
Demonstration of the
Geometrical Design of the
Human Body, based on
a Vitruvius (Leonardo da
 Vinci), 73, 73
 depersonalisation, DSM
 criteria, 55–6
 depression
 and assisted dying, 108, 116
 big data science, 87
 case formulation, 97–8
 cognitive neuroscience
 perspectives, 86–7
 diagnostic validity, 60
 expressivity, 77–9, **78**
 feelings about the future,
 137–42
see also bipolar disorder
 derealisation feelings, 30
 Descartes, René, 38, 41
 description, Leonardo da Vinci
 exercise, 73
 descriptive psychopathology,
 29, 30
 deviancy, diagnostics, 50–1
 diagnosis
 anti-diagnosis school, 51–3
 diagnostic validity of
 categories, 59–61
 DSM-III project, 53–8
 historical perspectives,
 49–50
 inter-rater agreement,
 53–9
 lumpers vs splitters, 49–50
 operational approach, 53–4
 precision and accuracy, 57
 pro and anti-diagnostic
 attitudes, 50–1
 Diagnostic and Statistical
 Manual of Mental
 Disorders (DSM), 50, 53;

- see also* DSM-II; DSM-III; DSM-IV; DSM-5
 diagnostic categories, 63–5
 vs dimensional approaches, 65–70
 diagnostic hierarchies, 56, 60–1, 63
 case formulation, 98–102, **99**
 definitions and characterisation, 98
 dialectic, 76
 difference, method of, 81
 Dilthey, Wilhelm, 76
 dimensional approaches, DSM-5, 64–70
 Dionysian Greek tradition, 2
 disability *see* mental disorder/
 disability
 distrust in the doctor/
 healthcare system, 149, 153
 doctor–patient relationship, xvii, 145
 case example, 152, 154
 challenges, 161–2
 change and adaptability, 160–1
 domains of doctor and patient expertise, **150**
 insight into illness, 152–3
 involuntary treatment, 145, 154–6
 models, 157, 160
 negative interactions, 157, **158**
 paternalism and benevolent authority, 145–7
 positive interactions, 158, **159**
 power imbalance, 147–9
 in severe mental illness, 152–6
 shared decision-making, 149–52
 thank you theory of treatment, 154–6, 159
 The Doctor painting, 145–7, 146
 drug dependency, approaches to diagnostics, 54
 DSM (Diagnostic and Statistical Manual of Mental Disorders), 50, 53
 DSM-II, 53
 DSM-III, 53–8
 axes of, 56
 biopsychosocial model, 95
 case formulation, 53–8, 98
 criteria for depersonalisation example, 55–6
 definition of mental disorder, 122
 inter-rater agreement, 57, 58–9
 revisions, 60–1
 DSM-IV, 59–61
 DSM-5, xvii
 case formulation, 98
 categories vs dimensions, 65–70
 critique and issues with, 63–4
 dimensional approaches, 64–5
 distribution of severity within a category, 68
 RDoC project, 64–5, **66**
 schizophrenia, 34
 dual perspectives, xvii, 1–2
 Ginkgo Biloba poem, 13, 14
 pictorial representation, 15
 psychiatric contexts, 11–13
 terminology, 2–4
 see also classic perspective;
 romantic perspective
 dualism, Cartesian, 1
 dynamic risk factors, suicide, 109

 Eastern cultural traditions, 2
 emic perspectives, 2–3
 emotion *see* reason vs emotion
 empathy
 bizarreness, presentations, 34
 Jaspers' approach, 29, 30, 33
 Engel, George, 93, 97
 Enlightenment, 2
 concepts of madness, 47, 48
 forerunners of classic perspective, 5
 freedom/free will, 122, 133
 terminology, 2, 3–4
 epidemiology, suicide, 108, 116
 epilepsy, 98
 equality, and mental capacity, 133–6, 137
 escalator thrust perceptual illusion, 18
 etic perspectives, 2–3
 evidence-based causation, case formulation, 94

 existentialism, 29
 expertise, domains of doctor and patient, **150**
 explaining, xvii, 80–2
 clinical exercise, 83–4
 fertiliser experiment, 80–1
 holism, 90
 key characteristics, **82**
 expressivity, 77–9, **78**
 extraordinary states of mind, phenomenology, 17–18;
 see also bizarre behaviour
 Ey, Henri, 122, 164
 Eysenck, Hans, 67

 'face drawn in the sand' image, 167, 178
 facts of case, case formulation, 91
 fallibility of perception, phenomenology, 19
 Falret, Jean-Pierre, 98
 false memory experience, phenomenology, 18
 Fanon, Frantz, **10**, 149
 Farquharson, Robin, 17–18
 Feighner, John, 54, 58–9
 fertiliser experiment, explaining, 80–1
 Feuerbach, Anselm, 134–6, 135
 Fichte, Johann Gotleib, **6**, **10**
 fighting approach to illness, 165
 Fildes, Luke, 145–7, 146
 first-person perspectives *see* phenomenology
 formulation *see* case formulation
 Foucault, Michael, 12, 47, 166–7
 4P model (predisposing, precipitating, perpetuating and protecting factors), 93–5, **94**, 97, 113
 freedom/free will, xvii
 anti-psychiatry-and-law movement, 123–5
 calibration of normal and pathological, 165
 codification of, 122
 conceptualisations of human nature, 164–5, 170
 and mental capacity, 121–2
 mental capacity, 137, 142

- freedom/free will (cont.)
and mental disorder/
disability, 122–3, 164,
178–9
and suicide, 107, 113–14
Verstehen psychiatry, 103
Fregoli delusion, 39
French colonialism, 149
French Revolution, 6, 7–9,
10–11
Freud, Sigmund/
Freudianism, 84–5, 88, 91
Frith, Chris, 85–6
functional models, mental
capacity, 126–8, 136,
137, 143
fusion law, 156
future, feelings about in mental
illness, 133, 137–42
future of psychiatry, 178–9
- Gabriel, Marcus, 171
Galileo, forerunners of classic
perspective, 5
Geistige phenomena, 170, 172
gender equality, 145
General Psychopathology
(Jaspers), 29, 99
geometric spirit, 2
Germany, attitudes to suicide,
114, 118
Ghaemi, Nassir, xix, 93
Ginkgo Biloba poem (Goethe),
13, 14
Ginsburg, Ruth Bader, 10
God complex, doctor–patient
relationship, 157
God, experience of, 41
Goethe, Johann Wolfgang von,
xvii, xix, 1,
conceptualisations of human
nature, 164, 170–1
Ginkgo Biloba poem, 13–14
quotations, 1, 164
terminology, 2–4
Wilhelm Meister, 6, 103
Goffman, Erving, 168–9
Goldstein, Kurt, 122
Gray, John, 174
Guevara, Che, 10
Guze, Sam, 59
- Haidt, Jonathan, 8
Hale, Brenda, 122, 123, 126
- hallucinations, 25, 31, 33
Hamlet (Shakespeare), 19,
103–4
Hartmann, Nicolai, 100, 171
Havens, Lester, 148, 153
Heidegger, Martin, 10, 20–3
Heinroth, Johann Christian,
10, 13
Helmholtz, Hermann
von, 85–6
Hempel, Carl, 53–4
Hippocratic tradition, 150,
161–2
historical perspectives
diagnosis, 49–50
madness, 46–9
Hoffmann, E. T. A., 10
Hölderlin type personality
traits, 67
holism, 90; *see also* case
formulation
Hollender, Marc, 157
homosexuality, approaches to
diagnostics, 52, 54
Hughlings Jackson, John, 98
Hugo, Victor, 11
human freedom *see* freedom/
free will
human nature, xvii
balance of left and right
romanticism, 173–4
balance of romantic with
classic perspectives, 170–1
brain injury case examples,
172–3
calibration of normal and
pathological, 165
conceptualisations, 165–8
and freedom/free will, 164–5
organism as condition for
world-openness, 171–3
politics/parliamentary roles
in conceptualisation,
174–6
sickly/distorted
conceptualisations,
168–70
universities, role in
conceptualisation, 176–8
Hume, David, 114
Hus, John, 8
Husserl, Edmund, 17, 20–3, 30
hyperreflexivity, 37–8, 86, 172
hysteria, diagnostics, 54
- ICD (International
Classification of
Diseases), 53
identity
explaining, 83–4
human nature, 168, 169–70
model of mental disorder/
disability, 136
in schizophrenia, 86
standpoint of author, xix
understanding, 82–3
idiographic analysis, case
formulation, 97–8
immigration *see* cultural
displacement
India, cultural traditions, 2
inequality, and mental
capacity, 133–6, 137
information processing model
biases, 24
model of
schizophrenia, 85–6
informed consent, 160–1
Insel, Tom, 64–5
insight, patient, 25, 152–3;
see also self-awareness
intellectual model of decision-
making, 128–31, 138
interdisciplinary approaches,
xviii
International Classification of
Diseases (ICD), 53
International Pilot Study of
Schizophrenia (WHO), 53
interpretation
first-person experience,
18–20
Leonardo da Vinci
exercise, 73
inter-rater agreement,
diagnosis, 53–9, 57
interventionist theory of
causation, 97
interviewer's reaction to
patient, 25
INUS (insufficient, but
necessary part of
unnecessary but
sufficient condition),
suicide, 108–9, 113
involuntary treatment, 145,
154–6
thank you theory of,
154–6, 159

- Jamison, Kay Redfield, 17
 Jaspers, Karl, xix, 17, 20, 76, 84, 175
 conceptualisations of human nature, 176–8
 diagnostic hierarchy approach, 99, 100
 doctor–patient relationship, 159, 160
 limitations of approach, 43–4
 psychiatric phenomenology, 29–33
 quotation, 72, 90
 Jena set, 6
 Johns Hopkins University psychiatry programme, 91
 jumping to conclusion bias, 68
 Jung, Carl, 10, 13
- Kahlbaum, Karl Ludwig, 98
 Kant, Immanuel, 115
 human nature, 167
 quotations, 121, 145
 Versania, 47–9
 Kaplan, Robert, 174
 Kelvin, Lord (William Thomson), 46
 Kendler, Kenneth, 50, 87, 97
 key experiences, 103
 King's College London, interdisciplinary course, xviii
 Klages, Ludwig, 10
 Klerman, Gerald, 55–7
 Kraepelin, Emil, 11–12, 23, 24, 25–6, 98
 approach to diagnostics, 50, 51, 52, 53
 influence on Meyer, 91, 93
 Kretschmer, Ernst, 67, 68, 103
- labelling theory, 50–1, 63–70
 Laing, R. D., 10, 12, 13, 25–6, 29
 language, expressivity, 77–9;
 see also terminology
The Last Chronicle of Barset (Trollope), 137, 142
 left hemisphere, 2–3
 left- vs right-wing romanticism, 7–11, 10, 133
 conceptualisations of human nature, 169, 173–4
 power imbalance, 155
 trends across lifespan, 10–11
- legal capacity, 134, 136–7;
 see also mental capacity
 legal perspectives, mental disorder/disability, 122–3
 Leibnitz, Gottfried Wilhelm, 41
 Lewis, Aubrey, 152
 libertarianism
 anti-psychiatry-and-law movement, 123–4
 conceptualisations of human nature, 168, 169
 life chart, biopsychosocial model, 92
 lifestyle risk factors, 150
 lived experience, 21, 22, 26, 27, 37, 77, 107
 logic, 11
 lumpers vs splitters, diagnostics, 49–50
 Luria, Alexander, 7
- Mackie, John, 108
 madness, concepts of, 46–9;
 see also classification;
 mental disorder/disability;
 schizophrenia
Madness and Civilisation (Foucault), 166
 manic depression *see* bipolar disorder
 mathematics, 11
The Maudsley Handbook of Practical Psychiatry, 90–1
 Maudsley Hospital/Maudsley Philosophy Group Trust, xviii
 McGilchrist, Iain, xix, 2, 133, 138, 167
 McHugh, Paul, 101–2
 meaning
 constructions of illness, 25–7
 and suicide, 114
 understanding, 73, 102–4
 mechanising explanations, 82, 85
 medical paternalism *see* paternalism
 Meehl, Paul, 67
 Menninger Foundation, 93
 Menninger, Karl, 50, 51
 mental capacity, xvii, 121
 case examples, 138–42
 decision-making rationale, 130, 131
 equality/inequality, 133–6, 137
- feelings about the future, 133, 137–42
 freedom/free will, 121–2, 123, 137
 functional models, 126–8, 136, 137, 143
 fusion law, 156
 intellectual model of decision-making, 128–31, 138
 legal capacity, 134, 136–7
Plato's Symposium painting, 134–6, 135
 romantic perspective, 143
 status and outcomes, 125–6
 as super concept, 143–4
 UN Convention on the Rights of Persons with Disabilities, 133–4, 137
 Mental Capacity Act (MCA, 2005), 126–8, 134
 mental disorder/disability abolitionism, 124
 anti-psychiatry-and-law movement, 123–5
 calibration of normal and pathological, 165
 and consciousness, 164–5
 definitions and characterisation, xix, 58–9
 DSM-III definition, 122
 and freedom/free will, 122–3
 freedom/free will, 164, 178–9
 identity model of, 136
 social enablement, 134
 social model of, 136
 and suicide, 108–13, 115
 mental retardation, approaches to diagnostics, 54
 Mental Welfare Commission of Scotland, 155
 metaphorical explanations, 85, 88
 metaphysical experiences, 41
 method of difference, 81
 Meyer, Adolf, 50, 52, 91–7
 Meyerian school of psychiatry, 84
 Mill, John Stuart, 81, 174
 Minkowski, Eugene, 26
 misattribution bias, 68
 mismatches, intention and experience, 85–6
 mood disorders
 diagnostics, 51, 54

- mood disorders (cont.)
 symptoms and signs of illness, 24
see also bipolar disorder; depression
- Morel, Bénédict, **10**
- movement, expressivity, 77–9
- multi-axial system, DSM, 56, 63
- Munch, Edvard *The Scream*, **78**
- mutual decision-making, doctor–patient, 149–52
- myiness, in schizophrenia, 86
- Nagel, Thomas, 21
- narratives, expressivity, 77
- natural attitude, 22, 23, 40–1, 86
- negative valence system, RDoC project, **66**
- neurosis–psychosis continuum, 50, 51
- Nietzsche, Friedrich, 2
- non-compliance with treatment, 148, 154
- non-verbal communication, bizarreness, 36–7
- normality–abnormality continuum, 51
- nosological system, 98
- Nyaya School, eastern cultural traditions, 2
- objectified participation, 41, 42
- observation, clinical, 49
- obsessions/compulsions approaches to diagnostics, 54
- Jaspers’ approach, 32–3
- Olympian detachment, 4, 5, 175
- operational approaches, DSM, 53–4
- Ophelia character, in Shakespeare, 103–4
- optimism, and mania, 142, 143
- The Order of Things* (Foucault), 166
- organic brain syndrome, 54
- outcomes, mental capacity, 125–6
- Owen, Gareth, 17, 18
- panopticon concept, 38
- parentalism, 145
- parliamentary governance, 174–6; *see also* political perspectives
- Parsons, Talcott, 147
- Pascal, Blaise, 2, 9–10, **10**, 143
- passivity experiences/symptoms
 first rank symptoms of schizophrenia, 33–4, 41
- information processing model, 85–6
- Jaspers’ approach, 32
- psychiatric phenomenology, 41
- radical philosophical perspectives, 37–41
- paternalism
 and choice, 155
- doctor–patient relationship, 145–7
- pathognomonic signs/symptoms, 54
- patients
 insight, 25, 152–3
- non-compliance with treatment, 148, 154
- terminological issues, xix
- world of, 25–7
- see also* doctor–patient relationship; phenomenology
- Peasant’s revolt, England (1381), 8
- perception, fallibility of, 19
- perceptual illusions, escalator thrust experience, 18
- pessimism, and depression, 142, 143
- Peters, Emmanuelle, 67
- Phaedrus* (Plato), 46
- phenomenological psychiatry tradition, xix; *see also* psychiatric phenomenology
- phenomenological reduction, 22, 23, 40–1, 86, 172
- phenomenology, xvii, 17–18
 definitions and characterisation, 20
- extraordinary states of mind, 17–18
- interpretation of first-person experience, 18–20
- mental capacity, 138, 139–40, 143
- philosophical perspectives, 20–3
- psychiatric perspectives *see* psychiatric phenomenology
- symptoms and signs of illness, 23–5
- world of the patient, 25–7
- philosophical perspectives, phenomenology, 20–3; *see also* radical philosophical perspectives
- phobias, approaches to diagnostics, 54
- Pinel, Philippe, 23, 47
- plant growth, controlled experiments, 80–1
- Plato, concepts of madness, 46
- Plato’s symposium* painting (Feuerbach), 134–6, 135
- poetry, expressivity, 77
- poets, English romantic, 6
- policy dilemmas, suicide, 118–19
- political perspectives
 approaches to diagnostics, 51–2
- conceptualisations of human nature, 174–6
- pluripotency, 7–11
- polythetic approaches to diagnostics, 54
- postmodern perspectives, human nature, 166–7
- power imbalances
 doctor–patient relationship, 147–9
- left vs right wing perspectives, 155
- shared decision-making, 149–52
- precision and accuracy
 RDoC project, 64, 65
- target-shooting analogy, 57
- predicting, explanation, **82**
- prediction, suicide, 111–12
- predictive coding, 85–6
- protective risk factors, suicide, 109, 110
- pseudohallucinations, 31
- psychiatric assessment *see* case assessment
- psychiatrist–patient relationships *see* doctor–patient relationship

- psychiatric formulation *see* case formulation
- psychiatric phenomenology, 20, 23–5
- approaches to diagnostics, 61
- bizarreness presentations, 33–41
- case examples, 34–6, 42–3
- definition of mental disorder, 122
- delusional misidentification, 39, 42
- future of discipline, 44
- Jaspers' approach, 29–33
- limitations of approach, 43–4
- passivity experiences/symptoms, 41
- radical philosophical perspectives, 37–41
- and symptoms and signs approach, 29–30
- vicarious/2nd person experience, 41
- psychiatry
- case assessment, 84
 - future of, 178–9
 - origins of terminology, 47
- psychological function, RDoC domains, 64–5, **66**
- psychological risk factors, suicide, 110
- psychopathology, xvii; *see also* mental disorder/disability
- psychosis
- category vs dimensional approaches, 69
 - neurosis–psychosis continuum, 50, 51
 - see also* schizophrenia
- public use of reason, mental capacity, 121, 131
- pure phenomena, 22–3; *see also* phenomenology
- Pygmalion complex, 158
- qualities of thought, 40–1
- radical philosophical perspectives, 37–41, 43–4
- Rand, Ayn, **10**
- rationalism, xvii; *see also* reason vs emotion
- RDoC project *see* Research Domain Criteria
- reaction concept, Verstehen psychiatry, 92–3, 103–4
- reason vs emotion, 2
- concepts of madness, 47
 - terminology, 2–4
- red colour, philosophical perspectives, 21–3
- Reflections on the French Revolution* (Burke), 9
- reification, diagnostic validity, 60
- Reil, Johann Christian, **10**, 12, 13, 47
- reliability, statistical, 53–9, 57
- Research Domain Criteria (RDoC), 64–5, **66**
- domains of psychological function, 64–5
 - negative valence system, **66**
 - precision and accuracy, 64, 65
- resistance/non-compliance with treatment, 148, 154
- resource rationing, healthcare systems, 150
- responsibility ethic, medical professionals, 158
- responsibility for oneself
- anti-psychiatry-and-law movement, 124
 - doctor–patient relationship, 150
- Rhapsodies on the Use of the Psychological Treatment Method for Mental Disorders* (Reil), 12
- right hemisphere, 2–3
- right wing *see* left vs right wing
- risk factors, suicide, 109–10
- risk formulation, suicide, 112–13
- Robins, Eli, 59
- romantic perspective, xvii, 1–2
- balance of left and right romanticism, 173–4
 - calibration of normal and pathological, 165
 - characterisation/definition, 4
 - classic–romantic relationship, 13–15, 170–1
 - concepts of madness, 47
 - conceptualisations of human nature, 166–7
 - distinctions from classic, 7, **8**, 11
- Ginkgo Biloba* poem, 13, 14
- Jaspers' approach, 30
- left vs right wing perspectives, 7–11, **10**, 133
 - mental capacity, 143
 - pictorial representation, 15
 - prototypes/forerunners, 5–7
 - psychiatric contexts, 12–13
 - role of classification, 70
 - terminology, 2–4
- Rousseau, Jean-Jacques, 8–9, **10**, 133, 143
- Rubin vase illusion, 25–6
- Rümke, Henricus, 36, 41
- Russell, Bertrand, 4–5
- Sass, Louis, xix, 37–41, 43–4
- Scalia, Antonin, **10**
- Scheler, Max, xix, 10, 11, 39–41, 76
- classic vs romantic, **7**, **8**
 - conceptualisations of human nature, 165–6, 170–1
 - phenomenology, 20–3
 - quotation, 63
- Schelling, Friedrich Wilhelm Joseph, 12, 47
- Schiller, Friedrich, 2, 11
- schizoidism, 67–9, 68
- schizophrenia
- approaches to diagnostics, 51, 52, 54
 - bizarreness in, 34–6, 37–8
 - category vs dimensional approaches, 67–9, 68
 - conceptualisations of human nature, 168–9
 - continuum model, 68–9
 - diagnostic validity, 59–61
 - first rank symptoms, 33–4, 41
 - information processing model, 85–6
 - mental capacity, 138
 - myiness, 86
 - vicarious/second-person experience, 41
- Schlegel, Friedrich, 6, 8–9, **10**, 11
- Schneider, Kurt, 33, 41, 67, 68, 99, 100
- Schopenhauer, Arthur, 38
- Schreber, Daniel, 37–8, 42
- scientific attitude, 21–2
- scientific method, 3–5
- scientific perspectives, 2–3
- The Scream* (Munch), **78**

- Scruton, Roger, **10**
 second-person experience *see*
 vicarious experience
 sectioning *see* involuntary
 treatment
 self-awareness, **7**
 forerunners of romantic
 perspective, **6**
 Jaspers' approach, **32**
 psychiatric contexts, **11**
see also insight
 self-binding advance
 directives, **156**
 self-deception,
 phenomenology, **19**
 self-determination, **164**;
see also freedom/free will
 self-identity *see* identity
 self-reference delusions,
42, 43–4
 service users, **xix** *see* patients
 Shakespeare, William, **19**,
103–4
 shared decision-making,
 doctor–patient, **149–52**
 Shelley, Percy, **10**
 sick role, **147**
 'sickly', **xvii**
 signs of illness, psychiatric
 phenomenology, **23–5**,
29–30
 Slavney, Phillip, **101**
 Snezhnevsky, Andrei, **52**
 social anthropology, **2**
 social enablement
 autism, **136**
 mental disorder/
 disability, **134**
 social model of mental
 disorder/disability, **136**
 social risk factors, suicide,
109–10
 sociological perspectives,
 DSM-5, **63**
 solipsism concept, **38**
 Solzhenitsyn, Alexander, **8**
 speech, symptoms and signs of
 illness, **24**
 Spengler, Oswald, **10**
 Spitzer, Robert, **55–7**
 splitters vs lumpers,
 diagnostics, **49–50**
 static risk factors, suicide,
109
 statistical reliability, diagnosis,
53–9, 57
 status
 human nature, **168, 169–70**
 mental capacity, **125–6**
 Stein, Edith, **76, 77**
 stigma of mental disorder,
46, 151
 Stone, Alan, **154**
 stories, expressivity, **77**
 Straus, Erwin, **36**
 sublime, **10–11**
 subsuming, explanation, **82**
 suicide, **xvii, 107**
 assisted dying, **114–15**,
116–17
 case examples, **108, 115, 118**
 causality/correlations with
 mental disorder, **108–9**
 epidemiology, **108, 116**
 and freedom/free will, **107**,
113–14
 in general population/non-
 psychiatric contexts,
116–18
 INUS conditions, **108–9, 113**
 and mental capacity, **126**
 and mental disorder,
108–13, 115
 as part of human nature,
114, 116
 policy dilemmas and
 complexities, **118–19**
 prediction, **111–12**
 risk factors, **109–10**
 risk formulation, **112–13**
 zero suicide, **112**
 Suicide Act (1961), **113**
 superconcept, mental capacity
 as, **143–4**
 symptoms of illness, and
 psychiatric
 phenomenology, **23–5**,
29–30
 Szasz, Thomas, **10, 13, 123–4**,
157, 168–9
 Tagore, Rabindranath, **121**
 target-shooting analogy,
 precision and accuracy, **57**
 taxonomy of mental disorders,
167; *see also* classification
 temporality *see* time
 terminal illness, assisted
 dying, **116**
 terminology, **xviii–xix**
 dual perspectives, **2–4**
 of psychiatry, **47**
 thank you theory of
 involuntary treatment,
154–6, 159
The Doctor painting (Fildes),
145–7, 146
The Last Chronicle of Barset
 (Trollope), **137, 142**
The Maudsley Handbook of
Practical Psychiatry, **90–1**
The Order of Things
 (Foucault), **166**
The Scream (Munch), **78**
 therapeutic alliance, **151**;
see also doctor–patient
 relationship
 Thompson, Helen, **174**
 thought content, symptoms
 and signs of illness, **25**
 time, experience of, **7, 23**
 disordered, **133, 137–42**
 phenomenology, **17, 20**
 tradition of phenomenological
 psychiatry, **xix**
 transsexualism, approaches to
 diagnostics, **54**
 treatment, involuntary *see*
 involuntary treatment
 Trollope, Anthony, **137, 142**
 Tuke, William, **10, 47**
 Tyler, Wat, **8**
 Ulysses contracts, **156**
 unconscious defence
 mechanisms, **50**
 unconscious mind, **24**
 understanding, **xvii**
 clinical exercise, **82–3**
 distinction from
 explanation, **72–9**
 expressivity, **77–9, 78**
 holism, **90**
 Leonardo da Vinci exercise,
72–6, 73
 Verstehen, **77**
see also case assessment;
 Verstehen psychiatry
 Union of Soviet Socialistic
 Republics (USSR),
 approach to
 diagnostics, **51–2**
 United Nations *see* Convention
 on the Rights of Persons
 with Disabilities
 universalising concepts, **5**
 universities, conceptualisations
 of human nature, **176–8**

values	view from nowhere,	Williams, Bernard, 121
phenomenology, 17–18,	philosophical	Wilson, Alan, 143
20	perspectives, 21	Wittgenstein, Ludwig, 38
understanding, 73	visual experiences, cognitive	Wollstonecraft, Mary, 10
<i>Versania</i> (Kant), 47–9	neuroscience, 85–6	Woodward, James, 97
Verstehen psychiatry, 76–7, 77,	Vitruvian scheme, Leonardo da	Wordsworth, William, 10–11
86, 102–4	Vinci, 73	world of the patient, 25–7;
vicarious (second-person)	von Savigny, Friedrich Carl, 10	<i>see also</i> phenomenology
experience		
phenomenology, 27	Weimar Republic, history of,	zero suicide, 112
psychosis, 33	174–5, 176	Zhuāngzǐ (Chinese Daoist
schizophrenia, 41	<i>Wilhelm Meister</i> (Goethe), 6, 103	text), 121