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Preface Summary:

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

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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.

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- Approach to and Pictures of the Classic–Romantic Relationship 13

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Part I – Towards Psychiatric Formulation

2	What Is Phenomenology?	17
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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
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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
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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.

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- Crisis in Anti-diagnosis 51
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- 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.

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 - The Cognitive Neuroscience Solution 85
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- 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
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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
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- 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.

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- Mental Disorder/Disability and Freedom 122
- The Pushback 123
- Status and Outcome 125
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- 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.

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- Progressive Realisation of Universal Legal Capacity 136
- Mood and Future 137
- Romantic Mental Capacity Assessment 143
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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.

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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.

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