„CRISIS? WHAT CRISIS?” THE CRISIS OF PSYCHIATRY IS A CRISIS OF BEING

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КРИЗАТА НА ПСИХИАТРИЯТА КАТО КРИЗА НА СЪЩЕСТВУВАНЕТО

Psychiatry in Crisis

> *Psychiatry has always been controversial—there was never an extended “Golden Age” of peace and tranquility when everyone was in agreement.*
>
> —Tom Burns (2018, p. 77)

The field of academic psychiatry is in crisis, everywhere.

Concerned with the state of contemporary psychiatry, Drozdstoj Stoyanov and I embarked on a project to take the pulse of psychiatry from multiple perspectives— medicine, social science and the humanities—in our study, *Psychiatry in Crisis* (Stoyanov and Di Nicola, 2017; Di Nicola & Stoyanov, forthcoming).

The crisis of psychiatry 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.

The kinds of questions that represent this crisis include whether psychiatry is a *social science* (like psychology or anthropology), whether it is better understood as part of *the humanities* (like philosophy, history and literature), or if the future of psychiatry is best assured as a *branch of medicine* (privileging *genetics* and *neuroscience*)? In fact, the question often debated since the beginning of modern psychiatry concerns the *biomedical model* so that part of psychiatry’s perpetual self-questioning is to what extent it is or is not a branch of medicine.

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 19th century and the beginning of the 20th century, psychiatrist Karl Jaspers (1997) 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 *existential* questions about meaning and *ontological* questions about being. Along with other trends, this culminated in the *antipsychiatry* movement of the 1960s.

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* (1992). Now, this approached 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" (Insel and Landis, 2013). 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 in the US with increased funding for the NIMH culminated in a Nobel Prize for psychiatrist Eric Kandel's (2005) 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 psychologist Jerome Kagan (2006) made *An Argument for Mind*. Arguing from the perspective of cultural psychiatry, the influential Arthur Kleinman pleaded for *Rethinking Psychiatry* (1988) 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" (2012). Many other voices have joined him in this recognition that "psychiatry is in the midst of a crisis" (Bracken et al, 2012) which requires "rebalancing academic psychiatry" (Kleinman, 2012) by going "beyond the current paradigm" (Bracken et al, 2012).

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?

Contemporary Psychiatrists on Psychiatry

When we announced our project on psychiatry in crisis, we received three kinds of comments and reactions—two extremes and a complex middle ground full of nuances and revisions.

"Crisis? What crisis?" This first reaction reminds me of the 1975 album by the English group Supertramp with the album cover of a guy in a deckchair and an umbrella surrounded by a destitute post-industrial environment. These folks are naïve optimists or the reformed cynics who have found religion in "positive psychology."

"Psychiatry has always been in crisis." This is espoused by a surprising number of thoughtful psychiatrists, including Tom Burns in his introduction to psychiatry: "Psychiatry has always been controversial" (Burns, 2018, p. 77). Burns is of the opinion that protests notwithstanding none of us truly believe that psychiatry is just like any other branch of medicine and that this difference generates conflicts and crises. Some of these folks are cynics who dismiss the possibility of a scientific, rational or even a clinically meaningful psychiatry.

In between these extremes, there are radically different opinions as to the nature and extent of the crisis:

„Psychiatry lost its way." Another opinion is that we have lost our way in North American academic psychiatry. Some believed that the wrong path was psychoanalysis with its oversold promise as psychodynamic psychiatry. Mainstream academic American psychiatry adopted the DSM project (notably with DSM-III, APA, 1980) and/or George Engel's (1977, 1980) biopsychosocial (BPS) model. Outside the academic mainstream, a seeming endless number of new paths were offered through this thicket with revolutionary rhetoric: systems theory and family therapy, social and transcultural psychiatry, community psychiatry, cognitive therapy and its avatars, and of course psychopharmacology and the biological revolution. The rhetoric was as overheated as it was naive. In the 1970s, Salvador Minuchin announced that family therapy would take over psychiatry in twenty years (see Malcolm, 1978). To use the language of family therapy, these "reframings" or "redefinitions" were not so radical. If you scratch most other kinds of therapists, you will find some version of Freud's theory or practice of psychoanalysis underneath, either in disguise or in reaction. In this sense, these new paths were not so much revolutions as attempts to bring psychiatry back to its roots. Not a revolution but a rebranding of the field in the Anglo-American world as behavioral psychiatry, family psychiatry, community psychiatry, social and transcultural psychiatry, biological psychiatry, or a psychiatry based on cognitive theory and therapy. In much of Europe, there was phenomenological psychiatry and its aliases or antipsychiatry and its alliance with community and humanistic psychiatry. Now almost forgotten is the Pavlovian psychiatry of the former Soviet Union and the nations under its scientific and social influence.

As for the DSM, we don't need to jettison nosology but to improve it, and as for the BPS model, we need more, not less theory. I have spent my whole career on other paths

– child and adolescent and developmental psychology, social and transcultural psychiatry, community psychiatry, and family psychiatry and relational therapies (Di Nicola, 1997, 2011, 2012, 2019). Unfortunately, while they are stimulating and intrinsically valuable, speaking to "orphaned experiences" of children, families, communities and cultures in mainstream academic psychiatry, these approaches do not provide a complete account of the mind and its relations (that is to say, a psychological theory), nor do they offer a comprehensive model for all of psychiatry (that is say, a theory of psychiatry).

Now, while this may have created fragmentation and even mutual incomprehension among the different practitioners on these new paths, a much more radical alternative has appeared.

„Psychiatry as neuroscience, psychiatric illness as brain disorders." This is not a rebranding exercise or a return to psychiatry's roots but a complete reset, accompanied by a radical departure and a new research paradigm taking, of course, a new name. In the 1990s, the USA announced "the decade of the brain" and what was heretofore called alienation in the 19th century and psychiatry in most of the 20th century, became behavioral or mental health under the rubric of neuroscience, just as psychology morphed from behavioral psychology to cognitive psychology to cognitive neuroscience. The mantra of this new approach is that mental disorders are brain disorders. This group exhorts us to pay more attention to the brain.

This approach inspired a dual intellectual temptation for my colleague in this project: one was the *identity theory of mind* as a particular form of reductive physicalism and the other was *functional MRI (fMRI)* as a method to deliver empirical evidence in its support (see Stoyanov et al, 2012, 2013, 2104). For different reasons, we came to parallel conclusions about the limits and false promises of biological reductionism in psychiatry.

Besotted by "neuromania" (Tallis, 2011), these are the psychiatrists who want to jettison everything we have done in the last two centuries to found what they call a "scientific psychiatry." Think Thomas Insel and his Research Domain Criteria (RDoC) during his tenure at NIMH. The version of this in academic psychology is "evolutionary psychology"—or what Raymond Tallis (2011) calls "Darwinitis." So there we have it—

Neuromania and Darwinitis—the Tweedledum and Tweedledee of biological reductionism in psychology and psychiatry today.

If the work of psychiatrist Eric Kandel (2005), who won the Nobel Prize in 2000 for his research on memory, is the greatest hope for neuroscience and the mind being understood through the brain, there are also those of us in psychiatry and beyond—e.g., philosopher Jerry Fodor (2000), developmental psychologist Jerome Kagan (2006), and geriatrics researcher Raymond Tallis (2011)—who decry the diminishing attention to mind and its relational aspects along with the misguided biological reductionism of "mind equals brain" and biological evolution as the explanation for social and cultural aspects of being human.

The Crisis of Psychiatry Is a Crisis of Being

In an early form of empiricism, Protagoras proclaimed that "Man is the measure of all things." Plato criticized this as relativism and contemporary versions of Protagoras' thought

include constructivism and phenomenalism. Where Protagoras grounded his epistemology in a subjective sense-based empiricism, Plato appealed to the knowledge of objective and transcendent realities, beyond the individual's experience and construction.

With modernity at war with subjectivity (Postman, 1993), science in the guise and pursuit of objectivity has now become the all-purpose measure that evolutionary biologist Stephen Jay Gould (1996) characterized as "the mismeasure of man" (cf. Kendell and Jablensky, 2003). Why in human psychology and psychiatry has science become *the measure of all things*? Why have we reduced our fields of knowledge to *scientism* and *methodolatry*, where only what is objectively measurable and quantifiable is valued? (Di Nicola, 2017).

My colleague Stoyanov argues that these are epistemological questions, that is to say questions about knowledge, and that the crisis of psychiatry is a crisis of knowledge. (Stoyanov and Di Nicola, 2017). While I agree that such issues are pressing and relevant, I believe that they are secondary considerations and that psychiatry is in crisis precisely because it allows itself to be sutured or yoked to its shifting methods. As a result, psychiatry's identity crisis is not a result of the difficulties of taxonomy and nomenclature but their cause. Our lack of confidence is a lack of clarity about the mission of psychiatry which obscures three critical gaps: (1) *the lack of a consensual psychology* (or theory of persons); (2) *the lack of an organizing consensual model of psychiatry* (or theory of psychopathology, that many call the phenomenology of psychiatry); and (3) *the lack of a consensual theory of change* (as opposed to mere descriptions based on a privileged model).

We must avoid suturing or yoking psychiatry to any given sub-discipline but that is not enough. In order to create the coherence in the field that we currently lack, we must first radically rethink how theories are built in our field. That is precisely what psychiatry cannot do and why we need philosophy. One of the founders of modern psychiatry, psychiatrist and philosopher Karl Jaspers (1997, p. 7700) anticipated this a century ago:

If anyone thinks he can exclude philosophy and leave it aside as useless he will be eventually defeated by it in some obscure form or other.

Three possibilities for a philosophy of psychiatry are available. We can give up trying to create a foundation for psychiatry and dismiss psychiatry's difficulties as "pseudo-problems" (like Wittgenstein, 1922, 1953) and simply continue with descriptive projects like the DSM (APA, 2013) that NIMH's former director Thomas Insel (2013) dismissed as a mere "dictionary." We can argue that foundational theories of the mind are "weak" (like Italian philosopher Gianni Vattimo, 1988), meaning that they are doomed to be pluralistic and incomplete, like the vaunted but now much-criticized eclectic *biopsychosocial model* (propounded by American psychiatrist George Engel, 1977, 1980; and criticized by another American academic psychiatrist Nassir Ghaemi, 2010). Finally, we can reach for a new foundation for psychiatry based not on what sorts of questions we have the tools to sort out, using computational models, genetics or neuroscience, but on the very nature of human being. That means ontology, the study of being, and French philosopher Alain Badiou (2005, 2009a, 2009b) offers just such a foundation for psychiatry, with a theory of the subject, the nature of being, and with the Event, a theory of change (Badiou and Tarby, 2013). As distinguished cultural anthropologist Clifford Geertz (2010) affirmed, echoing Alexander

Pope's celebrated affirmation, the proper study of mankind is *still* man. Psychiatry itself must now be measured by that task.

By re-visioning phenomenology, psychiatry can turn again to being *as the measure of humanity, not merely behavior, cognition, or emotion, and neither like a computer nor a neural network genetically wired by evolution, but* being *in its full complement of human qualities situated historically, socially, and culturally.*

References

1. American Psychiatric Association (1980). *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. Washington, DC: American Psychiatric Association.
2. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. Washington, DC: American Psychiatric Association.
3. Badiou, Alain (2005). *Being and Event,* trans. by Oliver Feltham. London: Continuum.
4. Badiou, Alain (2009a). *Logics of Worlds, Being and Event II*, trans. by Alberto Toscano. London: Continuum.
5. Badiou, Alain (2009b). *Theory of the Subject,* trans., and with an introduction, by Bruno Bosteels. London: Continuum.
6. Badiou, Alain and Tarby, Fabien (2013). *Philosophy and the Event*, trans. by Louise Burchill. Cambridge, UK: Polity Press.
7. Bracken, P. et al (2012). Psychiatry beyond the current paradigm. *British Journal of Psychiatry, 210:* 430-434.
8. Burns, T. (2018). *Psychiatry: A Very Short Introduction*. 2nd ed. Oxford: Oxford University Press.
9. Di Nicola, V. (1997). *A Stranger in the Family: Culture, Families, and Therapy.* New York & London: W.W. Norton & Co., 1997.
10. Di Nicola, V. (2011). *Letters to a Young Therapist: Relational Practices for the Coming Community*. New York & Dresden: Atropos Press, 2011.
11. Di Nicola, V. (2012). Family, psychosocial, and cultural determinants of health. In: Sorel, Eliot, ed., *21st Century Global Mental Health.* Burlington, MA: Jones & Bartlett Learning, pp. 119-150.
12. Di Nicola V. (2017). Badiou, the Event, and Psychiatry, Part 1: Trauma and Event. *Blog of the American Philosophical Association* [Online]. Available from: https://blog.apaonline.org/2017/11/23/badiou-the-event-and-psychiatry-part-1-trauma-and-event/ (Accessed: 25 January 20202)
13. Di Nicola V. (2019). "A person is a person through other persons": A social psychiatry manifesto for the 21st century. *World Social Psychiatry*, 1, 8-21
14. Di Nicola, V. and Stoyanov, D.S. (forthcoming). *Psychiatry in Crisis: At the Crossroads of Social Science, the Humanities, and Neuroscience*. New York and London: Springer Publishing.
15. Engel, G. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196(4286):* 129-136.
16. Engel, G. (1980). The clinical application of the biopsychosocial model. *American Journal of Psychiatry, 137:* 535-544.
17. Fodor, J. (2000). *The Mind Doesn't Work That Way: The Scope and Limits of Computational Psychology*. Cambridge, MA: MIT Press.
18. Geertz, C. (2010). *Life Among the Anthros and Other Essays*, ed. with an Introduction by Fred Inglis. Princeton: Princeton University Press.
19. Ghaemi, S.N. (2010). *The Rise and Fall of the Biopsychosocial Model: Reconciling Art and Science in Psychiatry*. Baltimore: The John Hopkins University Press.
20. Gould, S.J. (1996). *The Mismeasure of Man*, Revised & Expanded Edition. New and London: W.W. Norton and Company.
21. Guze, S. (1992). *Why Psychiatry Is a Branch of Medicine*. Oxford: Oxford University Press.
22. Insel, T. (2013). Transforming diagnosis. *National Institute of Mental Health*. April 29, 2013 [Online]. Available at: https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2013/transforming-diagnosis.shtml (Accessed: 25 January 2020)
23. Insel, T.R. and Landis, S.C. (2013). Twenty-five years of progress: the view from NIMH and NINDS. *Neuron, 80(3):* 561-7.
24. Jaspers, K. (1997). *General Psychopathology, Vols. I and II*, trans. by J. Hoenig and Marian W. Hamilton, with a new forward by Paul R. McHugh, M.D. Baltimore and London: The Johns Hopkins University Press.
25. Kagan, J. (2006). *An Argument for Mind*. New Haven: Yale University Press.
26. Kandel, E.R. (2005). *Psychiatry, Psychoanalysis, and the New Biology of Mind*. Washington, DC: American Psychiatric Publishing.
27. Kendell, R. and Jablensky, A. (2003). Distinguishing between the validity and utility of psychiatric diagnoses. *American Journal of Psychiatry*, 160(1), 4-12.
28. Kleinman, A. (1988). *Rethinking Psychiatry: From Cultural Category to Personal Experience.* New York: Free Press.
29. Kleinman, A. (2012). Editorial—Rebalancing academic psychiatry: Why it needs to happen –and soon. *British Journal of*

Psychiatry, 201, 421-422.
30. Malcolm, Janet (1978). A reporter at large: The one-way mirror. *The New Yorker*, May 15, 39-114.
31. Postman, N. (1993). *Technopoly: The Surrender of Culture to Technology*. New York: Vintage Books/Random House.
32. Stoyanov, D.S. and Di Nicola, V. (2017). Psychiatry in crisis: Epistemological and ontological concerns. *American Journal of Psychiatry and Neuroscience*, November 2017, 5 (6-1), 6.
33. Stoyanov, D., Machamer, P.K. and Schaffner, K.F. (2012). Rendering clinical psychology an evidence-based scientific discipline: a case study. *Journal of evaluation in clinical practice*, *18(1):* 149-154.
34. Stoyanov, D., Machamer, P. and Schaffner, K.F. (2013). In quest for scientific psychiatry: Toward bridging the explanatory gap. *Philosophy, Psychiatry, & Psychology*, *20(3):* 261-273.
35. Stoyanov, D.S., Borgwardt, S.J. and Varga, S. (2014). Translational validity across neuroscience and psychiatry. *Alternative perspectives on psychiatric classification*.
36. Tallis, R. (2011). *Aping Mankind: Neuromania, Darwinitis and the Misrepresentations of Humanity*. Durham, UK: Acumen.
37. Vattimo, G. (1988). *The End of Modernity*, trans. by Jon R. Snyder. Baltimore: The Johns Hopkins University Press.
38. Wittgenstein, L. (1922). *Tractatus Logico-Philosophicus*, trans. by C.K. Ogden, Introduction by Bertrand Russell. London: Routledge & Kegan Paul.
39. Wittgenstein, L. (1953). *Philosophical Investigations*, trans. by G.E.M. Anscombe. London: MacMillan Publishing.