Laurence J. Kirmayer, Robert Lemelson, Constance A. Cummings (eds.)


Epistemology, Phenomenology, and Empathy in Psychiatry

This comprehensive anthology represents a remarkable effort to rethink psychiatry as an academic discipline and clinical practise. Overall, the anthology advocates a shift away from today's predominantly biological paradigm in psychiatry towards an eclectic, interdisciplinary, and integrative approach to mental disorders, treatment, and research, emphasizing the need for a complex systems perspective that clearly recognizes the variety of interactions within and between biological, psychological, cultural, and social processes that all contribute to mental health problems and well-being. To explore these different and interacting processes, the anthology is divided into 4 main sections: 1. Restoring Phenomenology to Psychiatry, 2. Biosocial Mechanisms in Mental Health and Illness, 3. Cultural Contexts of Psychopathology, and 4. Psychiatric Practice in Global Context. It comprises a total of 24 chapters and combines insights from disciplines such as psychiatry, psychology, philosophy, neuroscience, and anthropology. The wide range of topics makes it impossible to review the book in its entirety and complexity, while retaining sensitivity to detail of the analyses offered in the individual sections and chapters. Therefore, I will focus on, what I consider, a few essential chapters, addressing the importance of epistemology, phenomenology, and empathy for a future psychiatry.

The anthology's title attests to the crisis that psychiatry currently finds itself in—a crisis so profound and complex in nature that nothing short of a new, global vision for psychiatry is needed to overcome the crisis and revitalize the field. As the editors discuss in their introduction, the crisis has many sources, including dissatisfaction with available treatments, overreliance on medication instead of a more humane, person-centred approach to treatment, slow progress of neuroscientific research, diagnostic inflation, stigmatization, etc. In the preface to the book, Arthur Kleinman vividly describes the current state of affairs in psychiatry, which, I suspect, is recognizable also to many clinicians outside the U.S.: “Now we are in the age of the hegemony of biological psychiatry, which seems a perfect fit with an American health care system that has replaced quality with efficiency and cost-cutting and has turned the broad competencies of psychiatrists into the narrowest framing as psychopharmacologists. Like a flood tide, it has washed away much of psychosocial and...
clinical research, replacing both with a romantic quest for a neuroscientific utopia as its holy grail, which has little relevance to the work of practitioners” (p. xvii). In the following, I will focus mainly on one crucial aspect and source of the current crisis, which Kleinman also points to here, namely the gap between academic research in psychiatry and clinical practice.

Although psychiatry remains a fairly young medical science, looking back at its history, one may wonder if psychiatry has not always found itself in some state of crisis, and moreover, if these crises are in fact not reflecting the very nature of psychiatry itself. Already Jaspers (1913/1997) drew attention to the insurmountable epistemological divide that pervades psychiatry—a divide between, on the one hand, a biological approach that seeks to ‘explain’ psychopathological symptoms and signs by reducing them to neurobiological dysfunctions, and, on the other hand, a more psychological approach that tries to ‘understand’ psychopathological phenomena in the light of and perhaps as arising from other mental states such as emotional distress, etc. Jaspers emphasized the values and limits of both approaches and argued that psychiatry must embrace them both in order to comprehend the complexity of the human mind and its pathological distortions (Henriksen 2013, 110). In other words, embracing a theoretically and methodologically eclectic stance is not an impediment ideally to be overcome, but the very raison d’être of psychiatry. However, in the last 50 years or so, the biological approach has been the sole dominating force in psychiatry. Interestingly, the etymological meaning of ‘crisis’ is that of ‘separation’. In our present context, the biological approach has brought about a separation of academic psychiatry from clinical practise. In its “romantic quest for a neuroscientific utopia”, as Kleinmann put it, academic psychiatry has become increasingly alienated to its own foundation in the clinical reality (i.e., the experiences and problems of patients suffering from mental disorders) to such an extent that its own foundation sometimes seems almost irrelevant to it. How, if at all, can the gap between academic psychiatry and clinical practise be bridged?

In a thoughtful chapter, Berrios & Marková discuss the legitimacy of the current epistemology of psychiatry, which is rooted in the epistemology of general medicine and, more recently, also in analytic philosophy of psychiatry. According to Berrios & Marková, the “lack of success” of neuroscientific research in psychiatry is a product of “poorly defined subject matter and inappropriate conceptualizations or methodologies” (p. 42) or, to put it differently, this research rests on an inadequate or unwarranted epistemology. Possibly the most problematic feature of this epistemology is its basic assumption that mental symptoms are ‘objects’, i.e. spatio-temporally delimited thing-like entities (‘natural kinds’), and which thus can be said to be located ‘in the brain’.