

Royal College of Psychiatrists

**Philosophy Special Interest Group
Biennial Meeting**
Madness, the Mind and Politics

Tuesday 3 September 2019

RCPsych, London

CONFERENCE BOOKLET

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GENERAL INFORMATION

Accreditation

This conference is eligible for up to 6 CPD hours, subject to peer group approval.

Certificates

You will receive your certificate of attendance by email after the conference.

Cloakroom

The cloakroom can be found on the 1st floor.

Mobile phones

Please turn off or switch to silent.

Toilets

1st floor - out of the double doors and follow the railings around to the right and then through the white door. There are also toilets on the ground floor in the same position.

Feedback

Please collect a feedback form and complete this at the end of the day, to let us know what you thought of the conference.

All comments received remain confidential and are viewed to help improve future meetings.

If you wish to tweet about the conference use **@RCPsych #RCPsychPhilSIG #PhilSIGconf19**

Lunch and refreshment breaks

Lunch and tea & coffee breaks will be served in **rooms 1.6**, on the first floor.

Queries

Please come to the Conference Registration Desk on the ground floor if you require any assistance.

Registration desk

The registration desk is located in the reception area, ground floor.

Multi-faith room

This is located on the lower ground floor. Please ask a member of staff for access.

Sessions

All sessions take place on the first floor.

Wifi

Network: RCPsych - WiFi

Password: RCP19@w1f1

Fire Exits

No fire drills are scheduled for today, but the alarms will be tested at 11:00. If an alarm sounds at any other time it is a real fire! Please take the stairs to reception and go out through the front doors (where you came in this morning). Then turn left and the assembly point is on the corner of Prescott Street and Chamber Street. There's an alternative exit at the back of the building. Diagrams can be seen on the fire route plans around the room.

ACP 360

There will be some representatives from the ACP 360 Project situated outside the refreshment area during the breaks. ACP 360 is a 360 degree feedback system designed specifically for psychiatrists and is endorsed by the Royal College of Psychiatrists. It provides structured feedback and you can use ACP 360 to collect feedback from both colleagues and patients. The reports can also be used as part of your revalidation portfolio. If you would like more information, feel free to speak with project staff on the stand.

PROGRAMME

- All plenary sessions will take place in room **1.7** (main room), first floor
- Lunch and refreshments will be served in **1.6**
- Breakout sessions will take place in rooms **1.7, 1.1 and 1.2-4**. Please take a look at the programme below for room allocations.

08:45-09:30	Registration and refreshments		
09:30-09:40 Room 1.7	Opening remarks Dr Abdi Sanati, Chair, Philosophy of Psychiatry Special Interest Group, Royal College of Psychiatrists		
09:40-10:00 Room 1.7	Official opening Professor Wendy Burn, President, RCPsych		
10:00-10:30 Room 1.7	The interference of scientific evidence and political values in psychiatric research of the XX century Professor Drozdstoj Stoyanov Co-Director of University Center for Philosophy and Mental Health, Plovdiv, Bulgaria Vice-Chair, Philosophy of Psychiatry Special Interest Group, Royal College of Psychiatrists		
10:30-11:00 Room 1.6	Morning refreshments		
11:00-11:30 Room 1.7	Preventive self care & responsibility for mental health. Professor Jennifer Radden Professor of Philosophy, University of Massachusetts, Boston		
11:30-12:50	<u>Room 1.1</u> Minds that work – how our current narrative of mental health is determined by values of productivity Dr Bettina Friedrich Scapegoats, Kings and Sacrifice; An Exploration of the Ideas of René Girard Dr Vincent Riordan	<u>Room 1.7</u> Workshop: Madness and society: Pathways to reconciliation Professor Jennifer Radden Dr Mohammed Abouelleil Rashed	<u>Room 1.2-4</u> Diagnosis as a political and social device Dr Francesca Brencio Dr Valeria Bizzari Are we witnessing the emergence of a new global psychiatric power? Dr Federico Soldani
12:50-13:50 Room 1.6	Lunch		

13:50-14:20 Room 1.7	Some reflections on the politics of mental health today Professor Helen Spandler Professor in Mental Health, University of Central Lancashire		
14:20-15:40	<u>Room 1.1</u> Psychiatry as Street Level Bureaucracy Dr David Foreman Peter Sedgwick and defining disease. Dr Dieneke Hubbeling	<u>Room 1.7</u> Workshop: Mental Health Uprising? Tokenistic identity politics or societal maturation. Dr Jonathan Hurlow Dr Tamar Jeynes Dr Raf Hamaizia Baroness Elaine Murphy	<u>Room 1.2-4</u> From Marx to "Marco the horse": politics, madness and the institution denied by the chaotic Italian psychiatric reform of 1978-2015 Dr Micol Ascoli "On your Marx" - Historical Materialism and the Politics of Psychiatry Dr Alistair Stewart
15:40-16:10 Room 1.6	Afternoon refreshments		
16:10-16:40 Room 1.7	Is post-truth bad for your mental health? Professor Derek Bolton Professor in Philosophy and Psychopathology, Kings College London		
16:40-17:50	<u>Room 1.1</u> A reflection on the philosophical principles underlying political choices that guided the past and the present of medical education in mental health; is philosophy relevant to its future and how can it contribute to it? Dr Anastasios Dimopoulos Trauma, Spectacle, Fake news - mental health in a post-truth world. Dr Andrew Shepherd	<u>Room 1.7</u> Insights from Szasz and Wittgenstein on the distinction between disease and behaviour, and the political implications of abandoning the medical model. Dr Joanna Moncrieff Personality modification and the politics of psychiatric drugs Dr Joanna Moncrieff	<u>Room 1.2-4</u> When Politics drives you Mad Dr Sarah Majid Predictive Coding and Looping Effects as an Explanation of Resignation Syndrome Dr Kris Moody
17:50-18:00 Room 1.7	Closing remarks		
18:00-19:30 Room 1.6	Drink reception		

KEYNOTE SPEAKERS
(LISTED BY PROGRAMME ORDER)

Dr Abdi Sanati

Chair, RCPsych Philosophy SIG

Opening Remarks

Dr Sanati is a fellow of the Royal College of psychiatrists and chair of the special-interest group of philosophy of psychiatry. He works as a full-time clinician.

Professor Wendy Burn

President, RCPsych

Official Welcome

Wendy was appointed as a Consultant Old Age Psychiatrist in Leeds in 1990 and currently works part-time in a community post.

Her main clinical interest is dementia. She held Regional leadership positions in this area from 2011 and was Co-Clinical Lead for Dementia for Yorkshire and the Humber Strategic Clinical Network 2013-16. In this role, she was involved in several projects to improve the standard of care for people with dementia. She sits on National Groups for the planning of dementia care.

She has been involved in the organisation and delivery of postgraduate training since she started as a consultant. She has held many roles in education including College Tutor, Training Programme Director, Director of Postgraduate Medical Education, Chair of Specialty Training Committee and Associate Medical Director for Doctors in Training. She set up the Yorkshire School of Psychiatry and was the first Head of School.

On behalf of the Royal College of Psychiatrists she has been an examiner, a Senior Organiser of clinical examinations, a Deputy Convenor, Regional Co-Ordinator for CPD and the Deputy Lead for National Recruitment. She was College Dean from 2011 to 2016. She became the Co-chair of the Gatsby Wellcome Neuroscience Project in 2016. In 2017 she was elected as President of the College and took office in June.

Professor Drozdtoj Stoyanov

Co-Director of University Center for Philosophy and Mental Health, Plovdiv, Bulgaria

Vice-Chair, Philosophy of Psychiatry Special Interest Group, Royal College of Psychiatrists

Drozdtoj (Drossi) Stoyanov was born on 20th July 1980 in Sofia, Bulgaria. He graduated from high school in 1996 and received his MD from the Medical University of Sofia in 2002. He presented a PhD thesis in the field of theory and methodology of neuroscience in 2005; certified in December 2007 by the Government Specialty Board with the rank of Psychiatrist and awarded Postgraduate Certificate in Philosophy of Mental Health from the University of Central Lancashire, United Kingdom in October 2010.

Dr Stoyanov was tenured as Associate Professor in the Medical University of Plovdiv in 2008 and held the position of Vice Dean for International Affairs of its Faculty of Public Health from 2009 to 2011; since 2011 appointed in the Faculty of Medicine, Department of Psychiatry and Medical Psychology and Special Advisor Strategic Partnerships to the Vice Rector and promoted to the academic position of Full Professor in early 2014.

Additionally, he acts as Co-Director of the University Center for Philosophy and Mental Health and works as a consultant psychiatrist.

Prof. Stoyanov was invited at the discretion of the Chair into the Philosophy Special Interest Group of the Royal College of Psychiatrists in 2007; appointed Vice Chair and member of its Executive Committee in 2012; Chair of Conceptual group in the Global Network for Diagnosis and Classification launched by the World Psychiatric Association (2008). Visiting Fellow in the Center for Philosophy of Science, University of Pittsburgh, USA (2009) and Project Partner at the Collaborating Center for Values Based Practice in Health and Social Care, St.Catherine's College, University of Oxford (2015).

He has published more than 160 scholarly papers, including six monographs and three textbooks.

In 2007-2016 Prof. Stoyanov acted as Deputy Editor-in-chief of the International Annual for History and Philosophy of Medicine and since 2014 as Associate Editor of the European Journal of Person Centered Health Care. He is also Associate Editor of *Frontiers in Psychiatry*, Guest Editor, *Current Topics in Medicinal Chemistry*, Editorial board member, *Dialogues in Philosophy, Mental and Neurosciences*, *International Journal for Person Centered Medicine*, *Folia Medica* and others.

He is an ad hoc reviewer for the *Journal for Philosophy, Ethics and Humanities in Medicine*, *Molecular Neurobiology*, *Human Brain Mapping*, *Journal of Affective Disorders*, *History of Psychiatry*, *Acta Medico-Historica Adriatica* etc.

The interference of scientific evidence and political values in psychiatric research of the XX century

This presentation will be focused on two exemplar case studies at the intersection of the facts and values in psychiatric research examining their impact on adequate reasoning and judgement.

The first case study is focused on the legacy of the Soviet psychiatrist Andrey Snezhnevsky, whose research into so called "latent" forms of schizophrenia, known as "*nosos et pathos schizopreniae*" has been claimed by some Western authors to have been instrumental in the repressions against dissidents in the Soviet Union and its satellite countries over the 1970s and 1980s. There are explored the virtues of Snezhnevsky's theory as robust scientific concept with many parallels to be discovered in Western psychiatry and its abuse by the system as political values interference in the theoretical concept.

The second case study deals with the contributions of the German psychopathologist Klaus Conrad, acknowledged for his gestalt views on the dynamics of delusional ideas and his "*unitary endogenous psychosis*" theory. There are considered the reservations in some of the modern psychiatric literature against Conrad, driven exclusively by political values bias, more specifically his commitment to the National Socialist German Workers Party since 1940. Although his party membership never brought Conrad into effective collaborationism with the regime and its T4 Euthanasia program, he is still regarded as *persona non grata* by many contemporary influential research groups.

In conclusion I sustain my claim that comprehensive assessment of the interplay between facts and values in psychiatric research calls for revision of the scientific input of some politically controversial figures and movements in the 20th century psychiatry in Europe.

Professor Jennifer Radden

Professor of Philosophy, University of Massachusetts, Boston

Jennifer Radden is Emerita Professor of Philosophy at the University of Massachusetts Boston. She received her graduate training at Oxford University, and has published extensively on mental health concepts, the history of medicine, and ethical and policy aspects of psychiatric theory and practice. Her books include *Madness and Reason* (1986), *Divided Minds and Successive Selves: Ethical Issues in Disorders of Identity and Personality* (1996), *Moody Minds Distempered: Essays on Melancholy and Depression* (2009), *The Virtuous Psychiatrist: Character Ethics in Psychiatric Practice*, co-authored with

Dr John Sadler (2010), *On Delusion* (2010) and *Melancholic Habits: Burton's Anatomy & the Mind Sciences* (2017), as well as two collections of which she was editor, *The Nature of Melancholy* (2000) and *Oxford Companion to the Philosophy of Psychiatry* (2004). She is a past President of the Association for the Advancement of Philosophy and Psychiatry.

Preventive self care & responsibility for mental health.

When we direct our thoughts, form our intentions, revise and renounce earlier attitudes, call up memories and imaginings and even, albeit indirectly and incompletely, control our feelings, we experience a kind of freedom, or agency. This experience in turn entails a kind of responsibility, and such responsibility is what I want to discuss, particularly responsibility for mental health.

A question sometimes asked by philosophers is: Are those with psychiatric diagnoses and symptoms any less responsible for their thoughts and actions than anyone else? The answer to this is likely not a knowable fact at all (not least because the best guesses about it must be clinically-based, entirely particular, and barely amenable to the kind of generalization its breadth calls for). But how free and responsible one *feels*, or believes oneself to be, is a knowable fact, distinct from and not always aligned with even the best clinical or theoretical guesses. Such self-assigned freedom and responsibility are the focus of my talk; I want to identify societal factors raising expectations around preventive self help such that, increasingly, we think we can help ourselves to avert, diminish or delay unwelcome disorder symptoms. Sketching out these connections, I'll note parallels with other eras of heightened emphasis on preventive self-help, and then, if there's time, express concerns about some of the ways in which preventive self-help is being embraced today in attempts to deliver universal, and even global, mental health.

Professor Helen Spandler

Professor in Mental Health, University of Central Lancashire

Helen Spandler is Professor of Mental Health Politics at the University of Central Lancashire. She is the author of many publications in the field of mental health and psychosocial disability: covering politics, policy, history and practice. Her most recent edited book, *Madness, Distress and the Politics of Disablement* was published by Policy Press in 2015. She is also the Managing Editor of *Asylum: the radical mental health magazine* <https://asylummagazine.org/>

Professor Spandler's presentation will be on '***Some reflections of the politics of mental health today***'.

Professor Derek Bolton

Professor in Philosophy and Psychopathology, Kings College London

Derek Bolton is Professor of Philosophy & Psychopathology at the Institute of Psychiatry, Psychology and Neuroscience. He has published widely in health sciences and philosophy of psychiatry and medicine. His latest book, co-authored with Grant Gillett, *The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments*, tries to run the story from biophysics to politics – published OPEN ACCESS by Springer 2019.

Is post-truth bad for your mental health?

The talk will consider ways of theorising relations between *post-truth* politics, shifting representations of mental health, increase in demand for mental health services by and for the young and the political response.

PRESENTATION ABSTRACTS AND BIOGRAPHIES **(LISTED BY PROGRAMME ORDER)**

Minds that work – how our current narrative of mental health is determined by values of productivity

Dr Bettina Friedrich

Mental health related stigma is an imminent problem in our society to this day. In recent years, a rising number of campaigns and initiatives have tackled common misconceptions about mental health and have been trying to improve the image of mental ill health and those affected by it. One angle in creating a new narrative on mental ill health is to emphasise the fact that people with mental health problems make valuable contributions in our society. Especially celebrity disclosure quite literally can give mental illness and those dealing with it a new face that usually looks successful, popular and attractive. While the overall aim is clearly laudable, a discourse analysis should take place – is mental illness only ok if people are still productive and effectively contributing to society? Is there potentially a problem in the message?

Drawing from experiences analyzing and evaluating mental health campaigns, I will critically discuss the link between image of mental illness and (perceived) productivity. Is there a narrative out there that is also empathetic and supportive of people whose mental illness impacts on their productivity and success in life? We will also ask in how far this issue mirrors the general self-image in our Western society that we have to deliver (in a capitalistic sense) to earn our place? To what extent is the narrative of productivity damaging to mental health and health related equity?

Biography

Dr Bettina Friedrich is a research psychologist and currently holds a position as Research Fellow at the UCL Research Department of Medical Education. She has previously worked at the UCL Department of Epidemiology and Public Health (Prof. Michael Marmot) and UCL Department of Psychology and Language Sciences.

Her main research interests focus on mental health stigma, on how we communicate about mental health and on evaluating interventions with regard to mental health and mental health stigma. Furthermore she is also interested in how mental health issues are reported in the media and in how far (social) media can be used to tackle respective stigma.

Before coming to England, Bettina has conducted research in these areas in academic positions in Australia (University of Sydney), Germany (University of Wuerzburg), USA (UCSD), and Scotland (University of Glasgow).

In addition to her academic research work she has collaborated with organizations that aim at informing the public about mental health issues and that are trying to tackle stigmatization of mental health issues. In this context she has initiated and produced the newsletter for the Global Anti Stigma Alliance, an organization that links researchers and campaigners from five continents. While working at King's College London, Bettina has worked on the evaluation of "Time to Change" (national mental health campaign in England)

She is an active member at the UCL Loneliness and Mental Health Network (hosted by the UCL Dept of Psychiatry) as well as the UCL Mental Health in Education network.

Scapegoats, Kings and Sacrifice; An Exploration of the Ideas of René Girard

Dr Vincent Riordan

René Girard (1923 – 2015) was a French intellectual who advanced a comprehensive theory of human nature and the origins of cultural institutions. Although described as “the Darwin of the social sciences”, his work is not well known amongst psychiatrists.

He claimed that the defining characteristic of humanity is our propensity to unconsciously mimic each other’s behaviours and desires. Although essential for cultural learning and cooperation, the reciprocal imitation of desires would, he argued, have destabilised dominance hierarchies, causing rivalries and lethal internecine conflict. He posited that such violence was curtailed, and social order maintained in early humans, by the emergence of unanimous scapegoating of single victims, resulting in the cathartic resolution of crises. This would have been followed by “misrecognition” of the role of the victim and their posthumous deification; “People do not invent Gods, they deify their victims”. This “scapegoat mechanism”, he argued, was the foundation of the uniquely human social order centred around ritual, prohibitions and sacrifice, in contrast to the simple hierarchical social order of animals. He regarded modernity as the progressive demystification of the scapegoat mechanism, undermining its’ pacifying efficacy such that contemporary societies are incapable of unanimous belief in either the guilt or divinity of their scapegoat victims.

This talk will consider the philosophical aspects of his ideas and their relevance to psychiatry and politics, notably the contrast between the concept of mimetic desire and that of individual autonomy, the nature of human conflict and the role of the scapegoat in psychiatry and modern politics.

Biography

I am a consultant general adult psychiatrist in County Cork, Ireland with an interest in Girard’s mimetic theory, its’ philosophical implications and relevance to psychiatry.

Workshop: Madness and society: Pathways to reconciliation

Professor Jennifer Radden

Dr Mohammed Abouelleil Rashed

Biographies

Dr Mohammed joined the Department of Philosophy at Birkbeck College in 2017 as a Wellcome Trust ISSF Research Fellow. Before that he was a researcher at the Institute of Advanced Studies at University College London, and at the Division of Philosophy and Ethics of Mental Health at the University of Pretoria, South Africa. Mohammed’s first degree was in medicine. He graduated from Cairo University Medical School, after which he trained in psychiatry in London on the Guy’s, King’s College, and St. Thomas’ hospitals training scheme. He read philosophy at King's College London while completing his core training. After this he moved on to full-time research, gaining his PhD from University College London in 2012. His main research is in philosophy and psychiatry. He is the author of *Madness and the Demand for Recognition: A Philosophical Inquiry into Identity and Mental Health Activism* (Oxford University Press, 2019). He has published several papers and chapters on the concept of mental disorder, the concept of culture, the nature of the diagnostic process, madness and disability, empathy and understanding in mental health, and psychiatric ethics.

Jennifer Radden is Emerita Professor of Philosophy at the University of Massachusetts Boston. She received her graduate training at Oxford University, and has published extensively on mental health concepts, the history of medicine, and ethical and policy aspects of psychiatric theory and practice. Her books include *Madness and Reason* (1986), *Divided Minds and Successive Selves: Ethical Issues in Disorders of Identity and Personality* (1996), *Moody Minds Distempered: Essays on Melancholy and Depression* (2009), *The Virtuous Psychiatrist: Character Ethics in Psychiatric Practice*, co-authored with

Dr John Sadler (2010), *On Delusion* (2010) and *Melancholic Habits: Burton's Anatomy & the Mind Sciences* (2017), as well as two collections of which she was editor, *The Nature of Melancholy* (2000) and *Oxford Companion to the Philosophy of Psychiatry* (2004). She is a past President of the Association for the Advancement of Philosophy and Psychiatry.

Diagnosis as a political and social device

Dr Francesca Brencio

Dr Valeria Bizzari

Pirsig (1991) writes: "Sanity is not truth. Sanity is conformity to what is socially expected". This sentence is a kind of compass for this contribution which aims to explore the relationship between sanity, truth and conformity starting from the problematic binomial between diagnosis and social control. The idea that psychiatric disorders can be conceptualized in the same terms as medical diseases, has been challenged for decades now. Antipsychiatrists such as Laing and Szasz, and sociologists such as Conrad, stressed the differences between medical diseases and psychiatric conditions and pointed out the social control function served by dressing up normative judgements about behaviour as medical facts. Our focus is to show how diagnosis can become a device for socio-political control and, at the same time, how the socio-political idea of conformity can influence the creation of diagnostic criteria, rebuilding the history of some diagnosis and their influence on the society in which they were raised. In particular, we will focus on the genesis of the diagnosis of "Asperger" syndrome" (Sheffer, 2018; Czech, 2018), arguing for a close link between the diagnostic process and collective, social emotions. In fact, it seems to us that the political and social identity of the Nazi State played a key role in the definition of the syndrome, to such an extent that we can argue that, without the influence of the Nazi political identity, the diagnosis of AS would have probably been focused on different features, emphasizing the affective differences over the social withdrawal.

Biographies

Francesca Brencio (PhD) is Assistant Professor in Philosophy at the Department of Philosophy at the University of Seville, and Member of the Phenomenology and Mental Health Network at the St Catherine's College (University of Oxford). Her field of research is mainly related to Heidegger Studies, Hermeneutics, Phenomenology, Philosophy of Psychiatry and Philosophy of Religion. She has published in Italian, English, German and Spanish on a wide range of topics, in several collaborative book projects and philosophical and medical journals. She is author of three monographs: *Heidegger, Hegel e la negativita'* (Roma 2010); *Scritti su Heidegger* (Roma 2012); *La pieta' del pensiero. Heidegger e i Quaderni Neri* (Passignano s.T., 2015). She is one of the invited contributors to the *The Oxford Handbook of Phenomenological Psychopathology* (OUP, 2019).

Valeria Bizzari is a DAAD postdoctoral researcher at the Clinic University of Heidelberg, section Phenomenological Psychopathology and Psychotherapy. Her research involves intersubjective disorders, with a special focus on autism spectrum disorder and Asperger's syndrome. Her publications include the monograph "Sento Quindi Sono" (Mimesis, Milano 2018) and the co-edited volume "The Neurobiology - Psychotherapy - Pharmacology intervention triangle: the need for common sense in 21st century mental health", Vernon Press, Cognitive Science and Psychology Series 2019

Are we witnessing the emergence of a new global psychiatric power?

Dr Federico Soldani

In recent years we have observed an increasing focus on language and concepts related to mental health in the broader societal and political world.

For instance, political language related to “phobias” has rapidly surged to commonplace.

Similar lexicon derived largely from psychiatry, psychology, and psychoanalysis might lead to a progressive internalization and de-politicization of civic concepts, without most citizens realizing it.

More recently, prominent groups of intellectuals including psychiatrists from global academic institutions argued explicitly for a new necessity of the psychiatrization of old political concepts and institutions.

Among others, Columbia University economist Jeffrey Sachs, in a volume written by 37 contributors titled “The Dangerous Case of Donald Trump” (2nd Edition, 2019), asserted explicitly: “Those who pretend that we are in the realm of politics when we are really in the realm of psychopathology make the situation even more dangerous, because they will not be prepared while the future of the planet and the human race are at stake”.

Former DSM-IV chief Allen Frances, in his essay “Twilight of American Sanity: A Psychiatrist Analyzes the Age of Trump” (2017) argued: “Trump isn’t crazy. We are”.

Michel Foucault, in his 1973-74 lecture series on “Psychiatric Power” at the Collège de France, pointed to the madness of King George III of England, monarch of a global British empire, as reported by Philippe Pinel in the seminal “Traité médico-philosophique sur l’aliénation mentale; ou la manie,” published in 1800 in Paris. According to Foucault, such emblematic scene of madness marked the birth of psychiatry as well as the passage from sovereign to disciplinary power in the modern world.

In this light, the current public psychiatrization of “the most powerful man in the world,” as the media often describe the President of the United States of America, could be seen as a new paradigm shift in contemporary power.

Such a public spectacle is broadcasted around the world via TV and digital social media (e.g, Twitter) in real time. In addition to the increasing use of a psychologized lexicon in everyday speech, a role might be played by such spectacle communicating symbolically, and contributing to, a global cultural shift towards a subjectivist worldview and a progressive de-politicization of citizenship.

Biography

Federico Soldani, MD, SM, PhD completed medical education at the Università di Pisa and a Scientiae Magister degree in the Psychiatric Epidemiology program at Harvard University. He further completed a Harvard-Karolinska exchange program with the Department of Medical Epidemiology and Biostatistics in Stockholm; his doctoral work in psychiatry and psychiatric epidemiology included a thesis on survey methods for mania in the Swedish Twin Registry.

Dr Soldani has been the recipient of scholarships and fellowships from the Università di Pisa, the European Commission, Fondazione IDEA, the Karolinska Institutet, Harvard University, the US National Institute of Mental Health (NIMH), the American Psychiatric Association, and the US Food and Drug Administration (FDA Critical Path Initiative). Awards for his research include a New Investigator Award from the NIMH - New Clinical Drug Evaluation Unit.

For many years on the faculty of Harvard Medical School and the McLean Division of Massachusetts General Hospital, he was a teaching fellow in Psychopharmacology and Neuroethics and invited Grand Rounds speaker.

The author of publications on the treatment of bipolar disorder and on research methods, he serves as peer reviewer for numerous medical and psychiatric journals and as grant reviewer for research funding agencies internationally.

He became a tenured Epidemiologist at the FDA in Silver Spring, Maryland (FDA headquarters) where he worked on neuro-psychiatric devices regulatory science, approval and post-marketing surveillance, before moving to the UK to practice clinical psychiatry in the NHS.

Psychiatry as Street Level Bureaucracy

Dr David Foreman

Debates about the professional identity of psychiatrists within the profession tend to reflect upon how science, skilled discernment and a duty of compassionate care contribute to creating a “good psychiatrist”, with disagreements focusing on the relative importance of each. However, in the discipline of Public Policy Research (PPR), psychiatrists may be considered to be “Street-Level Bureaucrats” (SBRs). This is an agent who is responsible for the final delivery of intended policy to the recipients of that policy. I will argue that seeing psychiatrists through this lens leads to a radical reinterpretation of what we do. In general, SBRs have the power of mediating policy delivery to their targets. Empirical research shows that they apply significant discretion in policy delivery, which can lead to consequences that the policy-makers did not predict, or even undermine the policy’s intentions. The policies psychiatrists have to deliver range from best-evidence therapy (for even RCTs may be re-interpreted as policies applied in a highly structured and atypical context), through economic Rationing of healthcare and welfare, to police and security work. All of these must be directly negotiated with the recipients. Effective policy delivery involves the skilled ordering of both information and values, within economic and temporal constraints. As psychiatrists do not have training in PPR, they find it hard to reflect holistically on the policies they are delivering and transforming, leading to practices that are often far removed from their professional intentions. I shall present finding which show, disturbingly, that these practices become “professionalised” irrespective of the justification for doing so. While not using the term, patient groups are more sensitive than we are to our SLB status, but currently our response to that is to either defend our practice, join patient groups in challenging our discipline, or use the language of individual bad practice and exceptionality. Understanding our role as SLBs, and acquiring relevant skills, would greatly improve our effectiveness as psychiatrists, and improve our ability to transform care for our patients.

Biography

I am a Consultant Child and Adolescent Psychiatrist, with an interest in public mental health and well-being. I am currently a member of NICE, (Technology and Appraisals Committee) and am Culture Editor of the Psychiatric Bulletin. I have previously served on the committees of the Perinatal and Child and Adolescent Faculty Executives of the Royal College of Psychiatrists, as both an elected and coopted member. I am currently in independent practice, having retired from the Isle of Man NHS, but retain an academic link with IoPPN at King’s College, London.

Peter Sedgwick and defining disease.

Dr Dieneke Hubbeling

In *Psychopolitics* Sedgwick stated that *there are no illnesses or diseases in nature*. Diseases or illnesses are a departure from a social norm. He wrote *‘the fracture of a septuagenarian’s femur has within the world of nature no more significance than the snapping of an autumn leaf from its twig’*.

Many authors - for example Boorse and Wakefield - have argued that disease or illness is indeed a departure from a social norm but they offer a biological explanation for why not every departure from a social norm is an illness. Boorse clarifies the biological norm by using a reference class and Wakefield by referring to evolutionary processes. I will argue – contra Sedgwick – that there is some kind of biological norm and that some of Sedgwick’s own examples suggest this.

Although it has rhetorical force, Sedgwick’s example about the broken femur can be criticized. The fracture of the femur of somebody who can still reproduce has more significance in the world of nature because this person will have less chance to produce offspring. The snapping of an autumn leaf does not reduce the chances of reproduction for the tree. Perhaps it would only have no significance in

nature, if the septuagenarian was female. If one accepts that grandmothers help raising grandchildren, Sedgwick's statement does not even apply to women.

Sedgwick wrote an interesting book about social influences on mental health care but he did not succeed in demonstrating that there are no biological norms in defining disease.

Workshop: Mental Health Uprising? Tokenistic identity politics or societal maturation.

Dr Jonathan Hurlow

Dr Tamar Jaynes

Raf Hamaizia

Baroness Elaine Murphy

The growth of discussion about mental health policy by mainstream political parties has grown over recent years. One milestone occurred when Luciana Berger temporarily took up a shadow cabinet role devoted solely devoted to mental health. At the same time the involvement of service users, families, friends and carers in commissioning, review of quality, research and education has blossomed. However in both cases questions arise about the motivations and outcomes of this mental health uprising. Experts by experience commonly raise questions about lower or minimal pay offered by NHS trusts claiming to value their employment. Sceptics query if politicians will put money where their mouth is with regards to improving mental health care. They fear that there will return on any electoral investment after parliamentarians have cashed in at the ballot box for promising the latest 'motherhood and apple pie'. Are we entering a new era when mental has left the third rail? Are the stigmatising obstacles to political reform diminishing?

Biographies

Dr Jonathan Hurlow is chair of the Psychiatry Division of the Birmingham Medical Institute and helps produce events at the Birmingham Salon on a range of topics including immigration, violence, freedom, immortality and happiness. He is a council member for the Birmingham Medicolegal Society. He sits on the Committees for Professional Practice and Ethics, and is a former member of the Philosophy in Psychiatry Special Interest Group executive committee at the Royal College of Psychiatry. He is a Consultant Forensic Psychiatrist in Birmingham. He was a research officer for the 2013 All Party Parliamentary Group for Drug Policy Reform Inquiry into 'Legal Highs'.

Baroness Murphy is a crossbench (politically independent) peer in the House of Lords. Though semiretired she takes an interest in mental health and mental capacity legislation. Formerly a Professor of Old Age Psychiatry, vice chairman of Mental Health Act Commission and secretary to All Party Parliamentary Group on mental health. She is a vice president of the Alzheimer's Society. She is also a historian and currently writes on the history of Norfolk and Suffolk.

Raf Hamaizia's role as an Expert by Experience sees him using his perspective as a former service user in a variety of organisations within the public, Independent and regulatory sectors including NICE, RCPsych and NHSE. He is currently the Expert By Experience Lead with Cygnet Healthcare and an Expert By Experience with the Care Quality Commission.

His experience of working on both a strategic and local level within Cygnet Healthcare has recently been recognised through his recent acceptance of the organisations' only Special Recognition Award and his involvement in the independent review of the Mental Health Act as Chair of the Asian and other Ethnic minorities group.

Raf is currently studying an MSc in Mental Health Recovery and Social Inclusion at the University of Hertfordshire.

Tamar Jeynes is a Consultant with Pink Sky Thinking. She has a strong interest in developing equality and career progression for Lived Experience Practitioners (LEPs), and has recently visited Westminster alongside other activists to lobby Sir Norman Lamb about this. Norman has since announced his retirement... and a desire to establish a national fund to address equality for people experiencing mental ill health. Tamar developed and facilitates the Birmingham Mad Studies Group, which is gradually working its way through Mohammed Abouelleil Rashed's 'Madness and the Demand for Recognition: A Philosophical Inquiry into Identity and Mental Health Activism'. She is collaborating on the development of a supervision model for LEPs with the 'Post Personality Pioneers'. This work won an award from the British & Irish Group for the Study of Personality Disorder (BIGSPD). She is currently working on research projects with BIGSPD and the Mental Health Policy Research Unit. This is woven between NHS employment and vociferous Tweeting about LEPs, Mental Health, Equality... and Daisy The Cat.

Tamar previously worked within Commercial, Third & Arts Sector Research. She holds a Master of Science qualification in Personality Disorder which she undertook as an LEP. She used to do a lot of weird and wonderful work as an artist exploring emotion, mental health and the human condition, and occasionally returns to her creative practice.

From Marx to "Marco the horse": politics, madness and the institution denied by the chaotic Italian psychiatric reform of 1978-2015

Dr Micol Ascoli

The Italian Mental Health Act was hastily drafted by the Parliament to avoid a referendum promoted by the Radical Party in 1978, and successively incorporated in the law which established the Italian NHS on the same year.

As a result of the new mental health law, in Italy since 13 May 1978 at 12 midnight nobody could be compulsorily admitted to an existing asylum anymore.

Community mental health services were not yet in existence.

A&E departments faced a flock of acute psychotic presentations, whilst they were totally unequipped to deal with psychiatric emergencies.

Strangely, there was no bloodbath.

A generation of psychiatrists, psychologists, intellectuals, photographers, politicians, students, volunteers, ex partisans, writers, who had experienced the hardships of Fascism and World War 2, had been working for 20 years, under the paradoxical umbrella of the old mental health act, to get to that point.

The high security hospitals were forgotten by the 1978 reform, but eventually closed for good in 2015 after a series of institutional abuse scandals triggered the very same public discourse on madness, dangerousness, segregation, institutionalisation and public protection.

How and why did Italy achieve this? What were the theoretical, ideological, contextual, historical underpinnings of this degree of radicalism? How did even a serious untoward incident contribute to achieve this outcome? What happened next? Can we in the UK learn anything from it? Can this experience ever be repeated? Or should it?

Biography

Micol Ascoli is a consultant psychiatrist, psychoanalytic psychotherapist and family therapist working for the East London NHS Foundation Trust and in private practice. She is a visiting Professor of Psychiatry at the University of Bergamo, Faculty of Psychology. She is a founding member of the World Association of Cultural Psychiatry and the co-chair of the local organizing committee of the 3rd World

Congress of Cultural Psychiatry in London in 2012. She has chaired several symposia at international conferences since 2001, and has published various peer reviewed articles. Her special interests are cultural psychiatry, phenomenology and history of psychiatry.

"On your Marx" - Historical Materialism and the Politics of Psychiatry

Dr Alistair Stewart

While much of the sum of human misery could be eliminated by the process of a fundamental social change in the direction of greater justice, democracy and equality, it is a fantasy to imagine that we could thereby expect to see the end of illness disease and suffering, and that applies to mental illness and its equivalents just as much as to physical illness. En route to a better world, we will also better serve our fellow creatures with mental illness by attending to the real nature of their suffering than by seeking to normalize it away.

Much of what currently passes for radical critique of psychiatry, whatever its moral pretensions and however progressive the impulses which drive it, is wedded to an idealist view of matters which is ultimately as sterile as the vulgar materialism which it rightly seeks to counter.

While not entirely new, the perspective of historical materialism as elaborated by Marx and Engels offers a way of resolving this tension and of showing how psychological, social and biological factors involved in the origin of mental disorder can be integrated, rather than simply added to each other. I hope to show this with reference to the arguments of Peter Sedgwick and Sebastiano Timpanaro.

Biography

Qualified from Manchester Medical School, trained in Greater Manchester and surrounding area. Consultant in General Adult Psychiatry in Oldham for 25 years from 1992, now working as Consultant with Early Intervention Team in Bury.

Main interests: descriptive psychopathology, epidemiology, training of new psychiatrists, philosophy for psychiatrists and for its own sake.

Politically active for most of my adult life.

A reflection on the philosophical principles underlying political choices that guided the past and the present of medical education in mental health; is philosophy relevant to its future and how can it contribute to it?

Dr Anastasios Dimopoulos

Philosophy had arguably a marginal role in medical education in mental health, even if the various debates within its corpus were casting their shadow to it. This presentation will initially provide a brief reflection on the temporal synecdoche between philosophical debates of the early 20th century on the one hand and the trajectory followed by the discourse in mental health and medical education on the other. We will see how logical positivism prevailed, especially in the Anglo-Saxon world and how medical education followed a similar course in order to develop its workforce, increasingly relying on the scientific method and the advancement of the biomedical sciences. However, everyday practice in the real world is far more complex and not to be entirely captured in terms of scientific language. Recent proposals on the way forward, such as the King's Fund report of 2017 emphasize the delivery of services in the community through a transdisciplinary approach. Complexity and uncertainty have been recognized as central aspects of practice that need to be addressed by the forthcoming curriculum redesign of the Royal College of Psychiatry. In the second part of the presentation we are going to articulate a proposal on how philosophy can provide valuable assistance towards that goal. The potential gains from the

proposal advanced can be manifold, helping the practitioners both as individual professionals and as members of a multispecialty team. Reflective practice, team and individual resilience, ability to communicate with different stakeholders, coordinated care based on local needs and creation of sustainable learning environments, responsive to current and future challenges, are some of the expected benefits.

Biography

Dr Anastasios Dimopoulos is a Consultant in General Adult Psychiatry, working in Brent CMHT. He has trained in phenomenological-existential analysis and is member of the International Federation of Daseinsanalysis. He graduated with an MA in Philosophy of Mental Health from the University of Central Lancashire. In recent years he has presented in various national and international Conferences on topics around phenomenology, philosophy and psychoanalysis. His main project is the introduction of selected philosophical ideas in higher medical education and mental health practice.

Trauma, Spectacle, Fake news - mental health in a post-truth world.

Dr Andrew Shepherd

We live in a world where we are increasingly exposed to information and news in a way that we never have before. Handheld mixtures of glass and electronic components provide a window on global events that can be accessed from the moment of waking until the moment of falling asleep. Ubiquitous "scrolling" motions become reflex. This explosion in the amount of available information has been accompanied by a removal of boundaries - communication with others around the world is now far easier than before. Yet, we remain divided: - The fear of the Other is writ large as we increasingly split along partisan lines; we have "had enough of experts", opposing positions are "fake news", and there is increasing vitriol directed towards those who do not share our position - in matters both political and aesthetic.

Now, we are almost constantly exposed to potentially traumatic material - to which our attention is drawn like to the spectacle of a car crash in slow motion. It is hard to look directly, attracting feelings of voyeurism and shame; yet to look away is also impossible.

Building on a discussion of the phenomena outlined above, while drawing on the psychological processes of "negation" versus "foreclosure", this paper seeks to address the following questions: Has the World finally gone mad? How is trauma managed in a discourse that is now post-truth? Has the scientific project, as a positivist pursuit of Truth, failed? And finally, what is the impact of these shifting changes on our clinical practice?

Biography

Andrew works currently as a clinical lecturer for the University of Manchester and is also an SpR in forensic psychiatry in the North West. His research and clinical interests focus on the emergence of group dynamics within institutions - particularly prisons and other forensic settings. He is particularly interested in the application of qualitative methods and psychoanalytic frameworks to developing understanding in these areas.

Personality modification and the politics of psychiatric drugs

Dr Joanna Moncrieff

Prescriptions of drugs for mental health problems, particularly antidepressants, have risen dramatically over recent decades. Although these drugs are frequently presented as working by targeting underlying brain abnormalities, what I have called the 'disease-centred' model of drug action, there is little evidence to support this view. On the other hand, there *is* evidence that they produce more or less subtle alterations in normal mental processes, including emotions, cognition and behaviour. These alterations are likely to interact with the manifestations or symptoms of a mental disorder in what can be called the 'drug-centred' model of drug action.

This talk will explore the political implications of these two models. Treating a disease is usually accepted as an uncontroversial good, benefitting the individual as well as society as a whole. The drug-centred model, by contrast, suggests that psychiatric drugs can modify aspects of someone's character or personality by changing emotional responses, motivation, attitudes and behaviour. Although people can choose to change their behaviour and personality with drugs or other means, many psychiatric patients are forced to take medication against their wishes and do not appreciate the changes it produces. Even when people take psychiatric drugs consensually, they may not be informed about the mental and behavioural alterations these drugs can produce, especially if they have been led to believe that they work by acting on an underlying disease or brain abnormality. In this situation, drugs may be changing people's personality without their fully informed consent. The drug-centred model, therefore, reveals the controversial nature of the use of psychiatric drugs.

Insights from Szasz and Wittgenstein on the distinction between disease and behaviour, and the political implications of abandoning the medical model.

Dr Joanna Moncrieff

Wittgenstein and Szasz expressed similar views about the nature of 'mind', arguing that mental states and processes are not independent entities that can be discovered and described by natural science, but capacities of living human beings that are manifested in, and recognised through, forms of public behaviour. Their ideas highlight the distinction between behaviour that is the product of a biological disease process and self-initiated behaviour, and both questioned the view that mental disorders are rightly thought of as diseases or illnesses. Wittgenstein, like Szasz, suggests that what we characterise as mental illness refers to patterns of unusual, but still essentially self-directed, behaviour that can be understood as aspects of character. This view challenges current social arrangements, which are deeply wedded to the idea that mental disorder is equivalent to a disease. Peter Sedgewick, in particular, highlights how the concept of mental illness or disease has an important social function in enabling demands for services. Others have shown how it justifies the social control of antisocial behaviour that is difficult to address within the criminal justice system. This talk will conclude by discussing how these issues might be addressed without invoking an illness framework and the challenges this involves.

Biography

Joanna Moncrieff is a reader in Critical and Social Psychiatry at University College London and an adult community psychiatrist at the North East London Foundation Trust. Her academic work focuses on re-evaluating the nature and efficacy of psychiatric drugs, patient experiences of drug treatment, and exploring the history, politics and philosophy of psychiatry more generally. She is currently leading a large government funded study called RADAR (Research into Antipsychotic Discontinuation And Reduction). She is the co-chairperson of the Critical Psychiatry Network, which was set up in 1998. Her latest book is "The Bitterest Pills," a critical history of antipsychotics drugs published by Palgrave Macmillan and she is also the author of "The Myth of the Chemical Cure" and "A Straight Talking Introduction to Psychiatric Drugs".

When Politics drives you Mad

Dr Sarah Majid

We live in a world where people's lives are dominated by the politics of the countries and systems within which they reside. No more significantly is this the case than for asylum seekers, typically driven from their families, homes and lives by the exigencies of the political regime in their country of origin. However, whilst typically coming to the UK in hope of safety and security, most asylum seekers find themselves facing the inevitable challenges of their encounter with the political system here - particularly manifest in the processes of seeking asylum through the Home Office.

In this paper, I draw on my work conducting psychiatric assessments on individuals seeking asylum in the UK, typically referred by their solicitors to contribute to decisions by the Immigration Tribunal regarding whether they get Leave to Remain in the UK. In this I am inevitably invited to take sides in a battle, although my role as an expert witness is to be independent, and my duty is to the Court.

With reference to case examples, I will talk about some of the typical experiences of asylum seekers coming to the UK and the impact of events in their country of origin on their mental health. I go on to consider how subsequent events in the UK can ameliorate, perpetuate or exacerbate these difficulties, particularly in processes typical of the encounter with UKBA. I conclude with some reflections to open up discussion on the complexities and dilemmas faced by psychiatrists in this context.

Biography

Dr Sarah Majid is a Consultant Psychiatrist in Psychotherapy currently working in the Tavistock & Portman NHS Foundation Trust and Camden and Islington NHS Foundation Trust. She completed her undergraduate training in Medicine at the University of Cambridge, where she was also able to study Philosophy. She completed clinical training in Medicine at the Royal London Hospital, and went on to do higher Speciality training in Adult Psychiatry at the Maudsley Hospital, and Adult Psychotherapy at the Tavistock Centre. In addition she completed a Masters degree in Social Anthropology at the School of Oriental and African Studies. In addition to her clinical work as a Consultant Psychiatrist in Psychotherapy, she does assessments of asylum seekers referred to the Tavistock Immigration Legal Service, and is a member of the Royal College of Psychiatrist Asylum Mental Health Working Group set up to improve the quality of mental health care for this population at a national level.

Predictive Coding and Looping Effects as an Explanation of Resignation Syndrome

Dr Kris Moody

In the mid-2000's, a number of refugee children in Sweden entered catatonic states, often after being told that their families were being deported. This public health crisis became known as Resignation Syndrome (RS), and seems to have been largely geographically, culturally, and linguistically isolated to certain refugee communities within Sweden. How can we explain the etiology of such a seemingly localized disease? Sallin suggests that we can best accommodate this condition under a predictive processing framework. However, they give no evidence to suggest why it is that RS is as localized as it is. I will suggest that if we incorporate Ian Hacking's notion of the looping effect of human kinds into the predictive processing framework, we can most ably explain RS' localization to immigrant communities in Sweden.

Biography

After completing an undergraduate degree in philosophy with honors at the University of Puget Sound in Washington, I finished an MSc in Mind, Language, and Embodied Cognition at the University of Edinburgh with distinction. I am currently entering a PhD programme in philosophy at the University of Edinburgh. I have an interest in philosophy of mind, and in particular I'm interested in predictive

