

PHILOSOPHICAL PRACTICE

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Nemo Veritatem Regit

Nobody Governs Truth

Book Review

Dominic A. Sisti, Arthur L Caplan, Hila Rimon-Greenspan (eds.),
Applied Ethics in Mental Health Care: An Interdisciplinary Reader,
The MIT Press, Cambridge, MA, 2013. ISBN 978-0-262-01968. 400 pages.

REVIEWED BY FERNANDO SALVETTI

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In mental health care, who determines incapacity? With what degree of protection for the rights of the patient? Who decides on the patient's behalf? When a professional has the power to use coercive means to detain and treat persons with mental illness? How about the line between treating and coercing? How about breaking privacy in the therapist-patient relationship in order to protect third parties or the civil society? How about sexual contacts among therapists and patients? And how about friendships or business partnerships during a treatment?

Mental health is the area of medicine that provides the greatest and most persistent ethical challenges to practitioners. This interdisciplinary reader is a collection of brilliant voices and perspectives that intrigues and challenge expert and novice alike, focusing on some of the most critical ethical issues in mental health care today—including the moral dimensions of addiction, patient autonomy and compulsory treatment, privacy and confidentiality, and the definition of mental illness itself. The discussions throughout this book are grounded in real cases and provide pragmatic tools, resources, and guiding questions to work through the ethical issues from a variety of professional perspectives. Although debates over these issues are ongoing, there are few comprehensive resources for addressing such dilemmas in the practice of psychology, psychiatry, social work, and other behavioral and mental health care professions.

The three editors—Dominic Sisti (Director of the Scattergood Program for Applied Ethics of Behavioral Healthcare in the Department of Medical Ethics and Health Policy at the University of Pennsylvania's Perelman School of Medicine), Arthur Caplan (Director of the Division of Medical Ethics in the Department of Population Health at New York University's Langone Medical Center), and Hila Rimon-Greenspan (a researcher at Bizchut, the Israeli Human Rights Center for People with Disabilities)—offer a compendium of thoughtful, reasoned, and down-to-earth discussions of these issues and many others that face the mental health professional on a daily basis. Topics include central questions such as evolving views of the morality and pathology of deviant behavior; patient competence and the decision to refuse treatment; recognizing and treating people who have suffered trauma; addiction as illness; the therapist's responsibility to report dangerousness despite patient confidentiality; and boundaries for the therapist's interaction with patients outside of therapy, whether in the form of tennis games, gift-giving, or social media contact.

The book is divided into six parts: foundational questions; capacity, coercion, and consent; violence, trauma, and treatment; addiction; mental illness and the courts; and therapeutic boundaries.

It is composed of 25 articles previously published in a variety of reputable sources with original publication dates ranging from 1956 to 2011. It interestingly combines modern day ethics issues, such as professional boundaries when using social media, with some timeless and persistent challenges such as the mental health clinicians' ongoing struggle with dual relationships, categorizing addiction, and predicting violence. For the most part the selections address contemporary issues in contemporary terms, but the book also offers a few historic or classic essays, including Thomas Szasz's controversial 1971 article "The Ethics of Addiction." Contributors include Laura Weiss Roberts, Frederic Reamer, Charles O'Brien, and Thomas McLellan and they mainly outline pragmatic clinical application of ethics principles, and several guided by virtue ethics.

Unlike a number of biomedical ethics texts (for an overview: Beauchamp & Childress 2001, Tauber 1999 and 2005, Veatch 1988, Walter & Klein 2003), many of the articles selected attempt answers to these complex questions while still allowing room for further interpretation. The complimentary and opposing perspectives provided on many of the same topics expand the reader's ethical considerations and the practical application of ethics principles and frameworks and help guide the average clinician down the path of ethical decision making. The reference lists at the end of each article are good resources for those interested in further exploration of a particular topic.

There are plenty of thought-provoking and very challenging cases throughout the book: for example, that about the competence of a woman in the end stages of anorexia nervosa to refuse treatment when she knew that death was a likely outcome (p. 91). What are the criteria for assessing patient's competence (both cognitive and emotional)? How should we assess a patient's understanding and capacity to make a decision? (p. 108). And how is the pathology's end stage determined? (p. 93). Are there conditions in which the patient's decision might be judged "irrational" but not "incompetent"? (p. 95). A debate goes on (Goldner 1989; Selvini Palazzoli 1974; Shelley 1997; Silverman 1997; Stierlin & Weber 1989). Other challenging cases: can patients with a personality disorder, by virtue of that condition alone, lack decision-making capacity (p. 115)? Moreover: how do we make an evaluation regarding a post-traumatic stress disorder (p. 125), knowing that there were attempts to dismiss this disorder as a disease related to combat situations as an artificial construct that is politically motivated (Foucault, 1963 and 1969), and agreeing on a list of criteria for the diagnosis? It is a task that that also involves ethical issues. The veteran's "experience of 'shame' or 'guilt' at killing the enemy is treated by medication and by informing the veteran that he was serving 'a higher purpose' of defending his country;" in such a situation it is clear that medical knowledge and craft are "value laden" and that doctors "make ethical decisions based on distinctions and priorities between soldiers and civilians" (p. 131).

In the forward, Paul Appelbaum—former president of the American Psychiatric Association and a psychiatrist who has been Director of the Division of Law, Ethics, and Psychiatry at the Columbia University College of Physicians and Surgeons since 2006—points out that for mental health professionals there is no scarcity of ethical challenges, and outlines three main areas where ethics issues originate: a) the nature of mental health disorders or conditions (i.e. schizophrenia, bipolar disorder, depression, etc.), that create a variety of dilemmas mainly because it can impair patient's decision-making capacity evenly, at the extreme, rendering patients unable to make competent decisions for themselves—generating also critical situations related to the use of coercive means; b) the treatments used in mental health care, with special regard to that very sensitive area regarding the privacy of the consulting room—that is much less secure than it may seem (e.g., in cases related

to abuses of children, the elderly or disabled persons, or in situations concerning the disclosing suicidal ideation to family members); c) and the setting in which mental health care is currently practiced in an age that has multiplied the channels through which mental health treatment can take place and the chances to reach a therapist at any time of the day (i.e. teleconferences, emails, text messages, social communities, etc.), as well as in an age where treatments unimagined a short time ago—such as the insertion of electrodes into the brain for deep stimulation – evoke questions about when highly invasive treatments should be used.

The ubiquity of ethical issues that mental health professionals confront is a very good reason for inquiry into the underlying principles and values of alternative courses of action, so the book is very worthwhile for philosophical practitioners. First of all because psychiatry and the behavioral sciences involved in the diagnosis and treatment of mental illness are “the subjects of great contention about the reality of what it is that they diagnose and treat” (p. 1). Today biological reductionism is being challenged on many fronts, so practitioners are generally not so fine with placing great weight on the discoverability of somatic pathology in the brain as underlying mental illness; consequently, “the social and moral sides of mental illness” are not so downplayed as in the past and a pretty common knowledge is based on the assumption that biology may count, but what constitutes disease is a function of what particular societies at particular times value in terms of character and behavior (p. 2). Nevertheless, the medicalization of deviance remains a complex phenomenon and the relationships among disease concepts and socially problematic behaviors are being contested. Deviance is “time-, place-, and even class-specific” (p. 4): for instance, a number of currently accepted “sexual behaviors” such as masturbation or “excessive” female sensuality a century ago would have been seen as deviant; so, “a bright line between disease and willed misbehavior or culpable self-indulgence—or idiosyncratic emotional discomfort—will not easily be agreed upon, while the cultural and bureaucratic need to create such boundaries will hardly disappear” (p. 4). Other interesting boundaries noticed in late-nineteenth-century are for example “overstress,” a condition attributed to the urban middle class’s relentless competitiveness, while “sterility” and “hysteria” were seen as the inevitable cost incurred by higher education for women (p. 8).

Another relevant area is the ethics of psychotherapy. Theoretically, science and ethics have been viewed as two distinct and separate entities, the first as descriptive—concerned with the “what is”—resting on “validation,” and the second as prescriptive—addressing “what ought to be”—and relying on judgement. The lines become “less sharply drawn, however, when the complexities of social reality are brought into the picture”: mainly when the psychotherapist has to accommodate conflicts of interest posed “between patient and therapist and by third parties to whom the therapist holds allegiance, such as family members and school, hospital, and military authorities” as well as courts (p. 36). So we may say, accordingly with the authors of the book, that it is inevitable for the boundaries between science and ethics to become blurred. To the extent that the therapist “implicitly, if not explicitly, cares about ‘what ought to be’ as well as ‘what is,’ ethical issues will inhere in virtually all of his or her work” (p. 37): concern with the interface of science and ethics is certainly not new to the field of psychotherapy (AMA 2013; Spiegel 1978; Osmond 1973; Erikson 1976; Freedman & Gordon 1973; Marcuse 1955; Szasz 1961 and 1978; Albert 1968 and 1978; Bachelard 1972; Feyerabend 2010; Alston 1986; Popper 1934, 1945 and 1972; Grünbaum 1984; Rorty 1979 and 1989; Watkins 1984; Sosa 2009, Foucault 1954, 1962, 1963, 1966, 1969, 1972, 1975, 1976, 1984).

A further relevant issue addressed in the book is confidentiality and privileged communication in-between the patient and the therapist, exemplified by the Watergate scandal and the attempt

to steal Daniel Ellsberg's records from his psychiatrist's office, but "these issues are generally more subtle in everyday psychotherapeutic practice" (p. 42). Whose agent is the psychotherapist: the patient's? The family's? The society's? The law's? Why and when can confidential material be divulged? For better treatment? Evaluation? Consensual validation? Support? It's a challenging topic, often complicated by the specter of legal sanction.

Moreover, the rise of concerns about privacy and the presence of a more diverse range of practitioners in terms of gender and sexual orientation has been accompanied by a tightening of limits over what a practitioner may and may not do in interacting with a patient. How about therapist-patient sex and sexism? Available evidence suggests that erotic practices with patients do not conform, nor they have ever conformed, to medicine's ethical dictates. But several questions remain: "If erotic contact is decidedly unethical, how ethical is the 'non-erotic' kissing, hugging, and touching that more than 50 percent of a sample of psychiatrists said they engaged in with patients? When, if ever, are these appropriate?" (p. 50).

In conclusion, we can say—as was written about epilepsy—that 4000 years of ignorance, superstition and stigma were followed by 100 years of knowledge, superstition and stigma (p. 267) and, after that, the problem of ethics in the practice of psychotherapy is not entirely soluble because there is no single answer to the varied and complex dilemmas psychotherapists face in relation to the patient and to society. So, a greater exploration of the philosophical foundations of therapeutic practice would be very useful—ideally enriching the views looking at practices and debates from an ethnopsychological and ethnopsychiatric perspective (Calvi 2002, Devereux 1940 and 1972; Gaines 1992; Galzigna 1999 and 2007; Jaccard 1975; Mantovani 1998 and 2000; Nathan & Stengers 1998; Nathan 1986).

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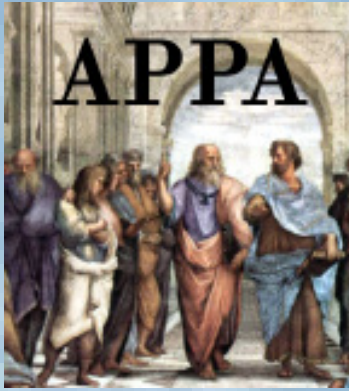
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Aims and Scope

Philosophical Practice is a scholarly, peer-reviewed journal dedicated to the growing field of applied philosophy. The journal covers substantive issues in the areas of client counseling, group facilitation, and organizational consulting. It provides a forum for discussing professional, ethical, legal, sociological, and political aspects of philosophical practice, as well as juxtapositions of philosophical practice with other professions. Articles may address theories or methodologies of philosophical practice; present or critique case-studies; assess developmental frameworks or research programs; and offer commentary on previous publications. The journal also has an active book review and correspondence section.

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The American Philosophical Practitioners Association is a non-profit educational corporation that encourages philosophical awareness and advocates leading the examined life. Philosophy can be practiced through client counseling, group facilitation, organizational consulting or educational programs. APPA members apply philosophical systems, insights and methods to the management of human problems and the amelioration of human estates. The APPA is a 501(c)(3) tax-exempt organization.

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