

Dissertation Summary | Laura Guidry-Grimes | 16 October 2016

I argue that many of the insights from the disability rights movement can help illuminate the philosophical underpinnings of the psychiatric user/survivor movement, though there are differences in the specific normative demands of these two movements. The psychiatric user/survivor movement is a social justice movement that has not received much philosophical or bioethical attention. I focus on how the movement presents today after evolving in the past fifty years. My discussion is limited to the U.S. context, and I bring in patient reports and experiences from a variety of clinical settings (including psychiatric institutions, hospitals, and outpatient clinics).

Users/survivors are confronting a position that I call Clinical Reductionism, which leads to widespread paternalism, doubting of patients' reports and epistemic testimony, and extreme biomedical modeling of psychiatric disability. The user/survivor movement presents a position that I call Patient Radicalism, which emphasizes patient control and empowerment, the social construction of psychiatric disability, and patients' epistemic authority. I identify and weigh important normative considerations that underlie the tension in these positions. The philosophical puzzles at the heart of my dissertation are the following:

- Conflicting claims to epistemic authority that can lead to preemptive paternalism on the part of health care providers and demands for trust and control on the part of patients
- The meanings, normative assumptions, and implications behind conceptions of psychiatric disability, and how demands for recognition become intelligible on some conceptions and not others
- How claims of "generative madness" (i.e., that psychiatric disability can represent a valuable mode of difference) challenge standard notions of recovery and meaningful living, which can lead to tension with clinicians' professional obligations to prevent medical abandonment or neglect when patients present as clinically ill

The first chapter provides background on the user/survivor movement and outlines the above philosophical puzzles. In the second chapter, I argue that disability modeling should be used to frame psychiatric conditions, and I propose interactionist modeling as the best tool for analyzing the dynamic aspects of psychiatric disability. Interactionist modeling accommodates many of the claims from users/survivors, including the claim their disability can be a source of value that deserves recognition. The third chapter compares and contrasts demands for recognition from users/survivors and other minorities. In the fourth chapter, I analyze what sort of value can be at stake for those who believe their psychiatric disability deserves recognition. I argue that a psychiatrically disabled mode of being can be cared about and meaningful for some individuals, which leads to *prima facie* obligations that should shape the clinical encounter. In the final chapter, I explore the challenges of achieving shared decision making (SDM) in mental health care contexts, given the conflicts in knowledge claims and values that often exist between health care providers and patients. I argue that SDM can be possible when recovery goals accommodate, within limits, modes of being that the patient cares about and finds meaningful.