

## AS AUTONOMY HEADS INTO HARM'S WAY

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LOUIS C. CHARLAND



INTERDISCIPLINARY WORK OF the sort attempted in my paper is fraught with risks and obstacles. One especially pernicious obstacle is the short-sighted prejudice that insists we should always divide a problem into its various components, allocate different parts to their respective disciplines, publish each separately, and, above all, keep the ethics separate from the rest. Although this may sometimes constitute good tactical advice in the mature stages of inquiry on a complex topic, it begs the question in the early initial stages of discussion on a subject like the present one, which is tangled and complex and not suited to the traditional disciplinary boundaries of professional journals.

I am grateful that both my commentators have generously overlooked the many weaknesses in my paper and focused instead on the most pressing issue of substance. This is the thesis that the issues described are important to psychiatry and deserve to be discussed more thoroughly. I therefore feel vindicated in assuming the risks I did, despite knowing there is so much more to be done; notably, moving from anecdotal data to more reliable forms of evidence. The entire episode speaks pointedly to the need for journals like *Philosophy, Psychiatry, & Psychology* and its innovative mandate.

Before I address the remarks of my commentators, some background information on the circumstances that led to the writing of the paper might help readers to understand its wide inter-

disciplinary scope, its admittedly speculative character, its sense of urgency, and what some may consider its rhetorical excesses. The paper arose as the result of anecdotal data gathered during the course of several years of clinical ethics work and student supervision in various hospital and academic institutions. It was the personal experience of hearing the struggles of a young student with a history of “weborexia” that finally prompted me to write the paper. She and others who shared their experiences with me spoke of how friends were “triggered” and often relapsed as a result of accidental visits to “pro-ana” and “cutting” sites and chat rooms. My worst fears were confirmed when I started visiting these sites myself. All the dangers I found have invariably been reaffirmed by clinicians at public lectures where I have spoken on this topic. Many clinicians tell stories of patients being lured back to unhealthy social associations and illness behaviors as a result of Internet activity.

As I extended my informal forays on the Internet to web sites for other controversial mental health conditions, it soon became evident that I was embroiled in a new historical and clinical psychiatric phenomenon of great complexity, one that raised novel ethical questions about self-determination and autonomy, and reached back to the old debate about psychiatric labels of the 1970s, raised by Goffman, Scheff, Szasz, and others. Incidentally, this originally is where my use of the word *label* is taken from. The problem

is that since the time it originated in the sociology of medicine, the evolving and multiple disciplinary uses of the term *label* make it virtually impossible to define it in a manner that will satisfy everyone. Fortunately, both of my commentators seem to recognize this fact. Accordingly, they do not waste time criticizing my admittedly loose and flexible use of the term, as I employ it to point to issues of greater substance—where hopefully it can eventually be more clearly defined in the course of inquiry. This theoretical openness and generosity is evident throughout these two very interesting commentaries, both by seasoned clinicians.

In outline, there are three levels of inquiry involved in my paper. My two commentators make valuable points and observations on all three levels, which I now propose to address in that order.

First, in the widest sense, my paper is intended as a contribution to the history of psychiatry. It is an historical and sociological reflection on new developments in the dynamics that govern the way diagnostic categories are used in psychiatric labeling, including relevant ethical considerations, such as, for example, whether the application or removal of a label is considered ethically good or bad, as well as when, and why, and by whom. In this case, inspired by Hacking, my argument is that there is a new vector operating in what Szasz once called “the manufacture of madness.” This is the Internet.

Sadler alludes to my concerns with the dynamics of labeling when he describes how many of his patients sometimes make more of their medical diagnostic labels and descriptors than is medically intended. He is sensitive to the need for psychiatry to pay more attention to what patients do with their labels, including what they mean to them, even though beyond a point this arguably falls outside the immediate bounds of clinical treatment, strictly speaking. Sadler recognizes that as psychiatry sows new disease labels, it had better pay attention to what grows from those seeds, and how those labels grow and evolve.

Some of the labels turn out to be weeds, as Merskey notes, and yet they continue to grow.

Multiple Personality Disorder is such a weed on his account. Other labels are not meant to grow beyond a certain point, after which they should be abandoned. But like weeds, they continue to grow, despite the fact that their original medical mission is accomplished. Anorexia is a good example. When it is correctly applied as a disease label, it helps to guide prognosis and treatment. But when patients refuse to relinquish the label and insist on retaining it, the label has become paradoxically counterproductive and you have a problem. As Merskey might put it, this is a case of “misprision of identity” where the label has literally become a prison.

Now, unless one tends to the weeds that grow in a garden, they can overtake the garden and even choke the healthy plants. But whose garden really is this? Who can or will tend to these new weeds? This is a case where the scope and nature of psychiatric authority are unclear. Sadler seems to be acutely aware of this. Merskey issues a caveat emptor. Both seem to agree that there is a problem with dangerous implications for consumers and puzzling consequences for psychiatry.

Second, there is the narrower question of how to understand these new developments in psychiatric labeling on an individual level. In this case, I have offered the tentative clinical hypothesis that we may be witnessing the emergence of a new obsession with identity, a new identity syndrome, unlike anything previously known. It is noteworthy that Merskey does not immediately discount this hypothesis. Neither does he dispute my assessment that, most likely, this is not a form of Factitious Disorder or Hysteria in Showalter’s expanded sense. So, on the matter of my clinical hypothesis, Merskey remains silent, like a sphinx. Given the controversial nature of that hypothesis, I would like to think that this silence speaks volumes. Merskey, a leading authority on Hysteria and Multiple Personality Disorder, is not known to tread softly, or remain silent, when he disagrees. The fact that Sadler as well voices no objections leads me to think both agree I have a legitimate hypothesis.

Finally, there is the question of how to study these phenomena more rigorously, in accordance

with international, national, and local canons for research ethics. On this question, Merskey is extremely helpful as he attempts to draw or deny different ethical boundaries on the road to investigating my proposed new identity syndrome. The challenge for him, primarily, is the ethical scope and nature of his authority as a clinician. The challenge for me, however, is the ethical scope and nature of my limits as a researcher. On this last question, Merskey notes that journalists may find it easier to enter and research this new Internet culture, because they are often not subject to the same ethical and methodological strictures as clinical or social science researchers. I

agree, although ethical guidelines here also vary from country to country.

These last points provide an interesting twist on the title of Sadler's commentary: "A Madness for the Philosophy of Psychiatry." For in the end, the issues identified in my paper could indeed prove to be maddening to psychiatry and its philosophical arm, as they grope to study this new phenomenon in compliance with accepted methodological and ethical research standards. Thus, in more ways than one, our medical arms may be ethically tied behind our backs, as autonomy runs rampant and heads into harm's way.