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Psychiatry and Postmodern Theory

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Psychiatry, as a subspecialty of medicine, is a quintessentially modernist project. Yet across the main campus, throughout the humanities and social sciences, there is increasing postmodern consensus that modernism is a deeply flawed project. Psychiatry, the closest of the medical specialties to the humanities and social sciences, will be the first to encounter postmodern theory. From my reading, psychiatry, though likely defensive at first, will eventually emerge from a postmodern critique, not only intact, but rejuvenated. Postmodern theory, at its best, provides a liberating effect on modernist practices, freeing them from an enslavement to Method and Objectivity in order to allow the more human (all charges of "anti-humanism" not withstanding) to emerge as valued and respected. The net result could be the evolution of a new postmodern psychiatry and a new model of medicine which would be much more enjoyable to practice and much more connected to the concerns of patients.

INTRODUCTION

In the U.S., both medicine and psychiatry have experienced tremendous popular support in the first three quarters of the 20th century. But, increasingly, this support is evolving into a chorus of criticisms. Health care providers are rebuked for "overspecialization; technicism; overprofessionalism; insensitivity to personal and sociocultural values; too narrow a construal of the doctor's role; too much 'curing' rather than 'caring;' not enough emphasis on prevention, patient participation, and patient education; too much economic incentive; a 'trade school' mentality; overmedicalization of everyday life; inhumane treatment of medical students; overwork by house staff; and deficiencies in verbal and nonverbal communication" (Pellegrino, 1979). And this list, first drafted by Edmund Pellegrino over two decades ago, does not include the prevailing "health care

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crisis" critiques of unsustainable rise in expenditures and gross inequities in access.

As a specialty of medicine, psychiatry suffers from all of these problems, and, even worse, psychiatry is the only specialty which has a veritable protest movement ("antipsychiatry") organized against it. In addition, psychiatric patients are increasingly found struggling in prisons, shelters, or in the streets rather than in clinics receiving care. Psychiatrists are having more and more of their procedures denied, psychiatric hospitals are closing, research money is dwindling (except for the problematic funds coming from pharmaceuticals), and fewer and fewer residents are pursuing psychiatry as a career choice. Yet, in spite of its clearly beleaguered status, psychiatry continues to organize its core knowledge structures with few significant changes.[1]

But what are the organizing themes of psychiatric knowledge? What are the unspoken commitments which have been made, and how are those commitments contributing to psychiatry's current problems? This paper is about going back to the drawing board and reconsidering fundamental assumptions. I am writing as a psychiatrist, and as such, my focus will be psychiatry, however, much of what have to say is relevant for medicine as well. There are common themes which underlie most, if not all, of the problems outlined above, and those themes are part of the much larger and more profound context of intellectual and cultural practices within which psychiatry is situated. Rather than focusing one by one on the details of each problem, I suggest that we back up our perspective in order to locate psychiatry in history, in place, and, most important, within a particular "way of thought."

Psychiatry, as a subspecialty of modern western medicine, is a quintessentially modernist project and a paradigmatic application of Enlightenment aspirations. There is no better example than psychiatry of the Enlightenment dream for human improvement and perfectibility through the twin priorities of science and reason. Yet across the campuses of larger universities, throughout the arts, humanities, and social sciences, there is an increasing "postmodern" consensus that modernism is a deeply troubled project and an unfortunate (if not tragic) organizing narrative for human activities (Lyotard, 1984). Medical schools and residency training programs, separated from the main campus by institutional, sub-cultural, and even physical barriers, have yet to engage postmodern critiques of the Enlightenment seriously, and, as such, have been unable to situate the "health care crisis" within this larger critique of western thought.

Of all the medical specialties, psychiatry is the least consistent with overly scientific methods and the closest in subject matter to the arts and humanities—the current academic locus of postmodern discourse. Being closer in content to the humanities than other medical disciplines, psychiatry will be the first to encounter postmodern critiques, and how psychiatry emerges from the encounter will foreshadow how medicine itself will be affected. From my reading, psychiatry, though likely defensive at first, will eventually emerge from a postmodern critique, not

only intact, but rejuvenated. Postmodern theory, at its best, provides a liberating effect on modernist practices, freeing them from an enslavement to Method and Objectivity in order to allow the more human (all charges of "antihumanism" not withstanding) to emerge as valued and respected.

As a result of the encounter with postmodernism, I anticipate several changes in psychiatric knowledge and practice. These changes include 1) a shift in clinical knowledge structures away from an exclusive focus on neuroscience and quantitative social science towards the more qualitative approaches of philosophy, literary theory, anthropology, women's studies, africana studies, cultural studies, and the arts; 2) a grounding of clinical activities in the wisdom of practice more than the "objective truth" of research; and 3) a greater emphasis on ethics, politics, and pleasure as guidelines and goals for clinical progress. In the best scenario, the net result will be the emergence of a new postmodern psychiatry and a new model for medicine, which will be much more enjoyable to practice and much more connected to the concerns of patients. But, before reimagining psychiatry through a postmodern paradigm, let me back up for a closer look at modernism and its postmodern critique.

PSYCHIATRY AS A MODERNIST PROJECT

"Modernity" refers to modes of intellectual life or organization which "emerged in Europe from about the seventeenth century onwards and which subsequently became more or less worldwide in their influence" (Giddens, 1990). The intellectual ideals of modernism are the ideals of the Enlightenment philosophers. Tireless and vociferous apostles for the then radical "Age of Reason," the Enlightenment philosophers advocated empirical appraisal of the universe through rational inquiry and natural experience. In perhaps the most quoted treatise of the Enlightenment, "An Answer to the Question, What is Enlightenment?," Immanuel Kant describes and simultaneously prescribes Enlightenment ideals in this way: "Enlightenment is man's release from his self-incurred tutelage. Tutelage is man's inability to make use of his understanding without direction from another. Self-incurred is this tutelage when its cause lies not in lack of reason but in lack of resolution and courage to use it without direction from another. *Sapere aude*! 'Have the courage to use your own reason!'—that is the motto of the Enlightenment" (Kant, 1995). Clearly, for Kant, the central focus of the Enlightenment was liberating human reason and observation from the shackles of tradition and religious tutelage. For the Enlightenment philosophers, premodern life was rife with superstition and mythical fancy, which were holding back human advancement. The Enlightenment dream was that through the liberation of reason, knowledge would progress, and with better knowledge would come advancement in human life through better control of the world.

Thus, the principle villains for Enlightenment modernism were aristocracy and religion, and the principle heros, who became objects of a veritable Western love affair, were science and technology. By the late nineteenth and early twentieth century, during the time when modern psychiatry was being organized and before the sobering effect of the two world wars, modernism was in high gear. Multiple advances in science and technology made it seem as if humans were on the verge of mastering the fundamental order of the universe. Caught up in the zeitgeist of the age, psychiatry was an enthusiastic participant in this modernist romance, and consequently, modern psychiatry eagerly came to valorized the ideals of Enlightenment Reason. For our purposes, it is useful to outline three philosophic themes of modernism that continue to be central for psychiatry today.

THE QUEST FOR OBJECTIVE TRUTH

As a spiritual child of the Enlightenment, psychiatry attempts to "get it right." Psychiatry understands itself as "founded" on the Truth. Thus, for psychiatry, what counts as "good" knowledge is objectively "True" knowledge. When psychiatry creates a category like "schizophrenia," or a theory of causality like the "dopamine hypothesis," the idea is that these categories and theories represent the "way the world is really structured independent of human subjective constructions." Granted, the categories and theories are understood as hypothesis, but they are hypothesis of the way the world "really is." They will only change if there is a better hypothesis. If there are two hypothesis, it is assumed that one will eventually be proved wrong. Inherent in this quest for Objective Truth is a belief in Universality. It is only possible to "get it right" if there is only one Objective Truth, the Universal truth. When psychiatry discovers the Truth about a condition, it is assumed to be true across all cultures and across all historical eras; though "schizophrenia" is only a hundred years old, psychiatry assumes the condition has always been a part of human life. Also inherent in the belief of Universal Truth is a belief in the transparency of language. The language of psychiatric discourse is not understood as creating knowledge, or perception, or even substantially effecting the transmission of knowledge; rather, psychiatric discourse only reflects the world "as it is." Language, as such, is minimized in psychiatric discourse, because language is assumed to be an unproblematic medium for transmission of observed categories and reasoned theories.

FAITH IN METHOD

For psychiatry, as for the Enlightenment, the route to Objective Truth is the "Scientific Method." True knowledge is knowledge obtained through scientific method. Faith in scientific method helps psychiatry determine "how to decide" if

knowledge is True—that is, actually matches up with the world rather than being an elaborate product of the researcher's imagination. For psychiatry, as for the Enlightenment, there is minimal emphasis on the usefulness, beauty, ethics, or political value of knowledge. Legitimate knowledge for psychiatry is independent of the context of discovery and is understood to be "value free." As such, the only critical question which can be asked of knowledge becomes: "Is it True?" For the Enlightenment, knowledge is "True" only if it has been tested against the world through the scientific method. Only knowledge which is "verified" (later watered down to "not falsified") through the scientific method is true knowledge—everything else is myth, conjecture, superstition, or idle speculation. Thus in psychiatry, as in the Enlightenment, tremendous faith is placed in the scientific method as a route to Objective Truth.

TELOS OF PROGRESS AND EMANCIPATION

The overriding goal of Objective Knowledge for psychiatry, as for the Enlightenment, is progress and emancipation. By an ever improving understanding of the world, humans will have better control of that world and will be better able to free themselves from the constraints of nature. "False knowledge" can be abandoned as psychiatry moves toward the establishment of reliable, value-neutral truths about the objective world of mental illness. "True knowledge," obtainable at last through the scientific method, will progressively accumulate and allow for increasing human liberation. In psychiatry, this telos of emancipation from mental illness through progress is clearly operative in the constantly revised "new updates in neuropharmacology," "new advances in the psychotherapy for resistant depression," and in the ever new revisions of the Diagnostic and Statistical Manual. Clearly the goal of psychiatric knowledge, like the goal of the Enlightenment, is progress, and the goal of progress is human emancipation.

These themes of modernism provide an unreflected background horizon for psychiatric discourse. To illustrate, let me review an example from a current psychiatric journal, *The Journal of Psychotherapy Practice and Research*. The journal describes itself as a "peer-reviewed interdisciplinary journal published quarterly by the American Psychiatric Press, Inc., and its aim is to *advance* the professional understanding of human behavior and to *enhance* the psychotherapeutic treatment of mental disorders" (italics mine). The theme of progress is clearly prominent even in the journal's self description, but in a recent review article (with an associate editor as lead author), all the themes of modernism are elevated to a high propagandist's shrill: "During the past 15 years we have made substantial *advances* in our understanding of psychotherapy research and our ability to conduct this research effectively" (read: scientifically, italics mine) (Docherty & Streeter, 1993). The article authors "review the *progress* in psychotherapy" (italics mine) in order to "provide a useful framework for exploring areas requiring increased attention

and research." The framework they adopt is proudly "*scientific*" (italics mine)—psychotherapy research needs a "scientific base," a "science of psychopathology," and a "science of psychotherapy." Prior to the application of scientific method, the authors claim that psychotherapy literature was "shockingly low" in "inter-rater reliability" and could never convince the "skeptical individual that a particular treatment approach has been adequately assessed." In other words, the conclusion for these authors and for modernist psychiatry in general is that without scientific Method there is no Objective Truth, and without Objective Truth, there is no Progress toward Human Emancipation.

THE POSTMODERN REWRITE

Postmodernity may be defined, echoing our definition of modernity, as modes of intellectual life or organization which emerged in the West from about the 1950s onwards and which are rapidly becoming more or less worldwide in their influence. The term "postmodern" is often confusing, however, because it has been used in multiple ways. The three most common are 1) postmodern art, literature, or architecture (referring to creative works showing distinctive breaks from their modernist heritage, such as the work of Andy Warhol), 2) postmodern culture (referring to recent explosion in world cultures of mass media influence, global village cosmopolitanism, and transnational capitalism), and 3) postmodern theory (referring to recent continental philosophy critiques of Enlightenment philosophy). The focus in this paper is on the third use. Postmodern theorists and philosophers, such as Roland Barthes, Jacques Derrida, Michel Foucault, Jean-Francois Lyotard, and Richard Rorty, have been particularly adept at undermining the foundations of modernity. With the exception of Richard Rorty, all of these writers are representative of French "poststructuralism"—a term which has become all but synonymous with postmodern theory in many North American writings (including this one).

Jean-Francois Lyotard, in his book, *The Postmodern Condition: A Report on Knowledge* (which more than any other single work put "postmodern" theory in current discourse) maps the collapse of certainty and the "crisis of representation" which has enveloped modern Enlightenment thought (Lyotard, 1984). For Lyotard, the transition to a postmodern cultural condition is marked by a crisis in the status of knowledge in Western societies. God, nature, science, humanism, have all lost their legitimacy as sources of authenticity and truth. Starting in France in the 1960s, poststructuralism developed this theme by critiquing what Jacques Derrida called the Enlightenment's "logocentrism" or "metaphysics of presence" (Derrida, 1973). Highly sensitized by the role of language in shaping human beliefs and perceptions, poststructuralists focused on how language works as a system of relations rather than a transparent representation. In other words, human language is intelligible, not because it refers to the world in any straightforward way, but because it refers to

itself in a complex web of interrelations. For postmoderns, the world is understood as too complex to be captured by linguistic representation; all that language can do is "invoke" an aspect or a dimension of the world. As such, for postmoderns, knowledge is never universal. Knowledge is always partial, limited, and very much shaped by the systems of linguistic categories and relations from which the world is perceived.

The collapse of certainty and the "crisis in representation" which has crystallized from postmodern intellectual writings has been extremely controversial. The most common charge against postmodern theory made by "promodern" writers, such as Jurgen Habermas (1995), is that without some kind of criteria for Truth, humanity will necessarily sink into the morass of "anything goes" relativity. In other words, for promodern writers, without the foundation of objective standards, there will be no way to refute dictators, terrorists, criminals, charlatans, and neoconservatives. The "anything goes" argument against postmodernism, however, turns out to be a "straw person" argument that critiques postmodern intellectual thought by holding it to modern ideals and values from which it has explicitly separated itself. The postmodern "crisis of representation" does not mean "anything goes"; it means, rather, that there is no "unmediated" representation, no "direct access," no possibility of a "view from nowhere." All representation is necessarily representation through language. As such, it is still as possible as ever to compare beliefs (represented in language) with other beliefs (also represented in language); it is just not possible to declare "trumps" by claiming that promodern beliefs "match up with the world as it really is" and alternative beliefs do not. Postmoderns attempt to dislodge the Enlightenment obsession with Objective Truth and encourage accepting that knowledge is never neutral or True. Knowledge is always bound up with human interests and power relations. Postmoderns argue, therefore, that instead of being constantly preoccupied with the Truth status of knowledge, we refocus our attention to the uses and abuses of knowledge.

Since the postmodernists have dedicated most of their efforts to a critique and "deconstruction" of the Enlightenment, the best way to understand their efforts is through a postmodern rewrite of the themes of modernism. How, for example, would themes of modernism, still present in psychiatry today, change from a postmodern perspective?

QUEST FOR OBJECTIVE TRUTH BECOMES *CRISIS IN REPRESENTATION*

If psychiatry were practiced within a mind set or world view reflecting a "crisis in representation," it would be much less obsessed with "getting it right." Categories and theories would be understood not as Universally true, but as useful heuristics, necessarily formulated through the constraints of a nontransparent language but nevertheless useful in the process of inquiry and intelligibility. From a postmodern

perspective, knowledge (always mediated through nontransparent language) is understood as, to use Derrida's term, "sous rature" or "under erasure" (Derrida, 1974). To place a word under erasure is to write the word, cross it out, and then print both the word and the deletion. Since the word is necessarily inaccurate, it is crossed out. Since the word (or some other equally inaccurate word) is necessary, it is left legible through the cross out. In order to be intelligible, language divides the world through binary divisions, such as mental health versus mental illness. Once those divisions are made, fine tuning of the categories occurs by further divisions upon the divisions—for example, schizophrenia versus manic depression, unipolar versus bipolar, melancholia versus dysthymia. These divisions are always to some degree arbitrary and inaccurate, and they always necessarily constrain further meaning making along the lines of the original divisions. In addition, mental health versus mental illness divisions are rarely, if ever, neutral. They exist in a hierarchy of relations which echo other hierarchies, prejudices, and power relations present in the culture—man versus woman, white versus black, upper class versus lower class. These other distinctions spill over into the very meaning of mental health and mental illness. Thus, it is not surprising that most psychiatrists are upper-middle class white males and most patients are not. In addition, however, it must be emphasized that the concepts and categories created through binary divisions are not only inaccurate and constraining, they are *also* evocative and enabling. Though language never mirrors the world, it does partially invoke the world, and there is no possibility of stepping outside of language. As a result, postmoderns recommend that meaning making divisions of linguistic terms be understood and used "under erasure," which leaves language users more humble and flexible about the ultimate value and worth of any particular binary division.

Another way to understand the difference between modern and postmodern thought is to highlight the way the Enlightenment logic of "noncontradiction" and "clarity" (in the pursuit of Objective Truth) often limits itself to only one correlative conjunction—"either/or." Thus, there is a tendency within Enlightenment thought for the "Truth" to fall on either one side of a binary or the other. Postmodern logic, however, is less concerned about contradiction and clarity (sometimes maddeningly so) and, as such, embraces the use of multiple correlative conjunctions: instead of recognizing only "either/or," it embraces the use of "and/also" and "neither/nor." Thus, to use a term like "mental illness" under the postmodern logic of erasure is to recognize that while there might be many strategic advantages to organizing the world through that term, there might also be many more disadvantages. If so, another organizing concept should be considered. Of course, terms do not exist in isolation; they are part of a whole network of other terms, what Wittgenstein (1958) calls a "language game." As such, to change terms, say from "mental illness" to "social critic" or "rebel," is to change language games as well. Within a postmodern logic, clinicians would have no need to limit correlative conjunctions to "either/or" and no need to obsess with "getting it right." Rather, a postmodern perspective would emphasize that phenomena are richly complex or,

in Barthes' (1982) expression, "pluri-dimensional." From a postmodern perspective, any linguistic approach, which means any human approach, is necessarily both enabling and constraining, simultaneously creating possibilities and closing off alternatives. For postmoderns, a person does not have to be either "mentally ill" or a "rebel," she can be both ("and/also") or neither ("neither/nor") depending on the context and the goals of the linguistic construction.

FAITH IN METHOD BECOMES *INCREDULITY TOWARD METANARATIVES*

In a postmodern horizon, where categories and theories are always simultaneously enabling and constraining, there is still the question of "how to decide" between alternative conceptual possibilities. Modernism puts its faith in science, but postmodernism consistently critiques "scientific method" as a neutral or "value free" arbitrator between conceptual world views. As Rorty (1982) explains, "There are no criterion [including scientific criterion] that we have not created in the course of creating a practice, no standard of rationality that is not an appeal to such a criterion, no rigorous argumentation that is not obedience to our own conventions" (p. xiii). From a postmodern perspective, science itself is a world view, and "scientific method" functions in a modernist discourse as a metanarrative. A "metanarrative," in postmodern parlance, means an over-arching discursive frame that attempts to provide timeless and comprehensive answers to the questions of human existence. When a modern or premodern discourse puts faith in a metanarrative, the question "how do we decide" is always answered by applying the Method of the metanarrative—what does the "Bible say," what would "reason dictate," what does "scientific method conclude?" Thus (somewhat paradoxically from the perspective of spacial metaphors), faith in metanarrative functions by creating a foundation for belief. For Lyotard (1984), postmodernism is a discourse that is "incredulous toward metanarratives," and, as such, postmodernism is an antifoundational discourse. Without modernism's foundation of a scientific metanarrative, the question "how to decide" must be answered by a complex interweaving of *all* aspects of knowledge including the useful, aesthetic, ethical, and political consequences of knowledge. Mushy and indefinite, humble and insecure, postmodern knowledge has the advantage over premodern or promodern knowledge in that it avoids (in theory, if not always in practice) the hubris and imperialism of certainty.

But, the advantage of humility does not create for postmodernism a new metannarrative trump card, because though there are many advantages to humility, they are not necessarily greater than the advantages of certainty. Postmodern theory is not utopian. Postmodern discourse itself exists within language and is intelligible through the same linguistic binaries it attempts to theorize. For example, the terms "certainty" and "humility," which I have been using to characterize modernism and postmodernism, are also binaries. However, from a postmodern logic,

they do not exist in an "either/or" relation. Whether to advantage "certainty" or "humility" depends on the details of the details of the situation. Often it is best to proceed with certainty while also being humble; at other times it is best to be unambiguously certain or unambiguously humble. Sometimes it is better not to reflect on the distinction at all. The same is true for the distinction between modernism and postmodernism. Neither has a definitive advantage, and from my perspective, postmodernism does not exclude modernism (or even premodernism), but only opens up the possibility of a wider appreciation of the complexities of knowledge.

TELOS OF PROGRESS AND EMANCIPATION BECOMES *TELOS OF STRUGGLE AND COMPROMISE*

The last, and paradoxically most difficult critique for promoderns to accept is the postmodern critique of Progress and Emancipation. In many ways, however, this critique is the most obvious. The usual modernist indicators of Progress and Emancipation—increased control over nature through technology, increased political freedoms through liberal governments, and increased liberation from superstition and tutelage—are easily countered by equally modernist, only opposite, *regressions*—increased pollution and threat of environmental catastrophe, increased disciplining of human life by "rational" human organization, and increased sensations of alienation, fragmentation, and purposelessness. From a postmodern perspective, it is not surprising that the modernist project has brought has much regress as it has progress. Knowledge, and the particular ways of life organized by knowledge, always involve trade offs. There cannot be progress without loss, emancipation without constraints. Borrowing from the anthropologic notion of "psychic unity," postmodern theory understands different language games and different ways of life as equally complex (Geertz, 1973). Each creates meaning in ways that always contain simultaneous gains and losses. Anti-utopian in this sense, postmodernism replaces the telos of progress with the telos of struggle and compromise. Humans struggle and compromise with the world (always making trade offs between gains and losses of alternative world views), and humans struggle and compromise with each other (always negotiating competing world views that are constantly forced on the less powerful by the more powerful).

PSYCHIATRY REIMAGINED

From a postmodern perspective, psychiatry should be seen as an interdisciplinary "human studies." In a psychiatric context, postmodern theory's "incredulity toward metanarratives" weakens psychiatrists' obsession with Truth and their faith in science as the *only reliable* method for knowledge. Once psychiatry's idealization of scientific method is broken, there remains no reason to arbitrarily limit

psychiatric knowledge to scientific knowledge. In a postmodern psychiatry, the entire university, not just the sciences, would be available for psychiatric research. Topics which were considered unapproachable under a scientific "regime" (except through subjective speculation or conjecture)—the identity of psychiatrists, the experience of mental illness, the dilemmas of clinical uncertainty, the effect of power differentials in the clinical setting, the role of cultural context in clinician and patient perspectives, and the place of psychiatry within larger social and political trends—all become available to be considered, theorized, and critiqued with the tools of the university as a whole. As a postmodern human studies, psychiatry would seek help with the complexities of clinical interpretation from literary theory, with creating renditions of human experience from the arts and qualitative social sciences, with understanding the historical and philosophical contexts of practice from philosophy and humanities, and with multicultural issues and politics from women's studies, africana studies, international studies, gay and lesbian studies, postcolonial studies, and cultural studies programs.

There is nothing really outrageous about this suggestion. It amounts to little more than taking George Engel's biopsychosocial model seriously. In some ways it only articulates and theorizes trends already happening in preclinical medical school curriculum, which are rapidly moving away from a "science" based curriculum toward a "practice" based curriculum. Even from a modernist perspective, the knowledge base psychiatry requires to take "psychosocial context" or "clinical practice" seriously includes contributions from the humanities, the arts, and the qualitative social sciences. A postmodern perspective intervenes primarily as it disrupts the necessity of making these and other disciplinary divisions so rigid in the first place. Postmodernism helps psychiatry loosen itself and opens the way to a more inclusive knowledge base by undermining the need for a blind, defensive, and dogmatic adherence to the ideology of modernism and a fetishized preference for science.

Rather than appealing to a scientific metanarrative for legitimization, postmodern psychiatry would appeal to the wisdom of the practice community. In this way, postmodern psychiatrists would propagate knowledge in ways similar to bioethics and psychotherapy. Though not usually associated with postmodernism (and often still rhetorically associated with Universality and Objectivity), these discourses are similar to postmodern discourse in that their main legitimacy appeal is to what Habermas calls "the force of the better argument" (Habermas, 1984). In a postmodern psychiatry, knowledge would still be accessed and propagated through journals, training institutions, and continuing medical education. The main difference would be that what counts as relevant and useful knowledge for psychiatry would be greatly expanded. Journal editors and psychiatric educators would still make selections, the difference being that these selections would be based on judgements of coherence, correspondence, and consequences, rather than "scientific method" alone.

However—and this is crucial—since from a postmodern perspective knowledge and power are never separable and all knowledge is understood as motivated by power issues, postmodern psychiatry would be very wary about the specifics and particulars of the power interests involved in any knowledge selection. For many postmoderns, the only "force" of a better argument is the force of power relations. Thus, for postmodern psychiatry, a major concern would be not only "how" or "what" knowledge selections are made, but, more importantly, "who" is making the selections? Postmodern psychiatry, owing to Michel Foucault (1980), would understand knowledge as always also power/knowledge—what is accepted as knowledge is always bound up with the interests of who gets to speak. As such, any psychiatric knowledge base that excluded patients' perspectives would be suspect, and postmodern psychiatric knowledge would be created as much by patients as it was by clinicians.

Moreover, postmodern psychiatry would move beyond a modernist utopian telos of "Progress" and "Emancipation" by deconstructing the corresponding clinical telos of "Cure" and "Health." In psychiatric prioritizing, the goal of Cure results in spending resources on a better world for later, rather than on living in this world now. For example, how many millions of dollars are spent on curing schizophrenia someday compared with research on coping with schizophrenia today? Postmodern psychiatry, based on a telos of struggle and compromise, would shift the clinical goal of "curing" to a one of "coping." Simultaneously, postmodern psychiatry would deconstruct the distinction between mental "health" and mental "illness." Both patients and clinicians would be seen as always and inescapably an interwoven mixture of both (and neither) mental health and illness. As such, the goal of the clinical interaction would be "living with," "adjusting to," "muddling through," and "coming to peace with" as much as it would be a modernist eradication of illness—which postmodernisms assumes to always already be there.

Similarly, postmodern psychiatry would be less an "expert" psychiatry and more a "service" psychiatry. Postmodern psychiatric "servicepeople" would be more comfortable with a middle class wage and more at ease with equalizing power differentials within the treatment setting. With more equal power differentials and with a postmodern telos of coping, psychiatric categories and theories of mental illness would be dereified. Thus, postmodern psychiatry would find it easier to take seriously patient models for suffering and would find it easier to work within alternative strategies for clinical improvement. In addition, postmodern psychiatry would lessen the spirit of seriosity so evident in the clinical world—a spirit which derives primarily from the huge chasm created between binaries of health and illness. If we are always already both healthy and ill, the fall from health to illness is not so serious. And, since, from a postmodern perspective, struggle and compromise are "as good as it gets," that leaves much more room for irony, play, and pleasure along the path of service to others and service to oneself.

If psychiatrists were postmodern servicepersons rather than modernist experts, the microgoals of the clinical interaction and the macrolegitimacy of

psychiatry as a profession would be more dependent on human values than scientific outcome studies. At the micro level, postmodern psychiatry's "incredulity toward metanarratives" would advocate for an autonomy based practice rather than a beneficence based practice. If an autonomy based practice is taken seriously, psychiatry will spend less time doing treatment "outcome" studies to determine which treatment is beneficently "best" or "legitimate" and more time articulating and exploring the treatment desires and goals of their clients. From a postmodern perspective, it is impossible to test treatment methods for preconceived ideals of beneficent "outcomes," because there are as many different outcome goals as there are clinical interactions. Some people may pursue cure, others may prefer coping. Some will be concerned with maximizing pleasure and others with maintaining beauty. Some may desire longevity and others comfort. Some may feel at ease with machine or synthetic chemical interventions; others prefer only "organic" based treatments. Some may wish to psychotherapeutically weave clinical problem into a new narrative which reframes and thus lessens the problems (or at least help organize the problems into a more satisfactory life "story"); others may wish to devote their mental energies elsewhere and approach their clinical problem with as little reflection as possible. From a postmodern perspective, the microgoals of the clinical interaction will be determined by patient desires more than a preconceived calculus of treatment outcomes.

Similarly, from a postmodern perspective, psychiatry does not have to "prove" its legitimacy at the macro (sociopolitical) level through scientific measurement of treatment outcomes. Instead, psychiatry achieves sociopolitical legitimacy (or fails to do so) from more ethical, political, and aesthetic concerns. From a postmodern perspective, the justifications needed for maintaining "psychiatry" as a profession available for those in mental anguish are ethical, political, and aesthetic justifications. There is little need for "science" in justifying hospice care, afternoon school programs, vocational retraining programs, national parks, or art museums. Those things are done, or not done, because there is a sociopolitical consensus that they are "right" to do. In other words, psychiatry should exist as a profession only because it contributes to making the kind of "culture we believe in" and the kind of "world we want to create." Who are the we in this case? Whoever believes that there is a role for psychiatry, and whoever is willing to struggle and compromise to create such a world.

By overidentifying with the ideals of modernism, psychiatry has developed a horizon of practice that is increasingly besieged by a chorus of criticism. If modernist psychiatry is to emerge from its current difficulties renewed and rejuvenated, it must not only react to "insurance cutbacks," it must rebuild itself from within, assisted in the process by a scaffolding of postmodern thought. Postmodern theory provides a useful corrective to the extremes of modernism and would help psychiatry embrace a wider range of knowledge structures from which to deal with human problems. Postmodern psychiatry would understand itself as human studies, and as such, it would engage in interdisciplinary work with philosophy, history, literary

theory, art, women's studies, africana studies, cultural studies, area studies, psychology, anthropology, and sociology. Not only would it open itself to the rest of the university, it would open itself to patients' perspectives and alternative cultural perspectives. In a postmodern psychiatry, psychiatry's current interdisciplinary work in the neurosciences would not stop, but would be balanced by a wider range of concerns. Of course, even a modest reduction in psychiatry's love affair with modernist science and technology would result in some negative trade offs. There would surely be a some slowing in the "progress toward cure" of "mental illness," but there would just as surely be much improvement in psychiatrists' ability to help others, and themselves, in the process of coping.

ENDNOTE

1. One might argue here that the new neuroscience based biopsychiatry represents a fundamental shift from the more clinically based psychoanalytic psychiatry. However, from the perspective of postmodern theory, the recent shift in psychiatry to a bioscience rhetoric is not so much a change as a hardening and further modernist expansion of the worst aspects of the psychoanalytic science which proceeded it.

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