

BOOK REVIEW

The Virtuous Psychiatrist: Character Ethics in Psychiatric Practice.

By: Jennifer Radden and John Z. Sadler
Oxford University Press, 2010

Three Reviews...Three Perspectives

Review I:

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In *The Virtuous Psychiatrist*, Jennifer Radden and John Sadler argue that “only virtue ethics will allow us to formulate an adequate ethics for psychiatric practice.” In their view, the cultivation and habituation of a set of “role-constituted virtues” that include compassion (with empathy as a precondition), personal warmth and trustworthiness are necessary for the psychiatric practitioner to be effective in her/his work. The authors believe that it is crucial for psychiatrists and psychiatry trainees to possess these virtues because of the particular ethical challenges that they face, including the need to balance the competing obligations that arise from their dual roles of: 1) providing confidential, beneficial care to vulnerable patients, and 2) acting, necessarily at times, as ‘an agent of the state’ in the involuntary commitment of patients who are judged to be a significant risk to themselves or others.

The Virtuous Psychiatrist is an interesting read. It does an excellent job in advancing the existing conversation and debate about such topics as: the fundamentally interpersonal nature of psychiatric practice and training, the social-cultural construction of mental illnesses and their diagnoses, the benefits and burdens of the consumer and biomedical models of psychiatry, and the affective/emotional components of virtues.

The authors introduce and/or constructively reframe a number of useful concepts. One of these is what they call the “unselfing attitude” of the ethical psychiatrist, i.e., “the personally effaced yet acutely attentive and affectively attuned attitude toward the patient, the [therapeutic] relationship and its boundaries.” For psychiatrists and trainees, the ‘making small’ of their personal/self-regard interests while being present for, and attentive to, the therapeutic interests and safety of their patients is a laudable goal

even though, as the ‘inner talk’ histories in chapter seven make clear, this is likely to be only partially achieved. This notion resonates nicely with other emerging conceptions of the therapeutic relationship which question the utility of the established ‘professional boundary’ metaphor. One of these encourages psychiatrists to meaningfully engage with their patients within a zone of helpfulness and safety while carefully avoiding the two ‘harm’ end-zones of under-engagement and over-engagement. Radden’s and Sadler’s book contributes to an acknowledgement and appreciation of the importance of the ‘right’ kind of healing interactions between psychiatrists and their patients.

The authors call attention to how important it is for the psychiatric practitioner to possess self knowledge about his/her own personality traits, attitudes and (inevitable) biases. This is particularly so because most psychiatry residents come from ‘privilege’ and have no direct experience of the significant disadvantage that is the grinding reality of many persons living with severe and persistent mental illness. In addition, many medical students and physicians have obsessive-compulsive personality traits which may, without the development of relevant insight, contribute to a certain rigidity of thought and preference for control. In addition to possessing the virtue of self knowledge, Radden and Sadler argue convincingly that psychiatry trainees should be encouraged to develop Aristotelian phronesis, i.e., an ability to discern through lived experience ‘what matters’ and ‘what needs to be done’ in the patient’s particular circumstances.

Despite its strengths, *The Virtuous Psychiatrist* disappointed me in a few respects. While the authors’ acknowledge that “virtue language is confusingly ambiguous”, their claims fall prey, at times,

to some ambiguity and lack of conceptual clarity. For example, they describe virtues as being comprised of sets of enduring dispositions and capabilities without providing a theoretical grounding for why the having of such virtues is any better than the possessing of these subcomponent dispositions and capacities to respond and act in certain 'good' ways.

In the final chapter, Radden and Sadler, conclude that role-constituted virtues should and can be taught to psychiatry trainees. Throughout the book, they provide comprehensive support for their claim that patients should/will benefit if their psychiatrist possesses such virtues. However, the verdict is still out as to whether these virtues can be taught. There is little evidence to support the assertion that virtues can be engendered in adult learners, whose dispositions and capacities to act in morally good and bad ways are primarily established during their childhood. With regard to the 'how to' of virtue cultivation and habituation, the book provides only the thinnest of descriptions of others' work in this topic area.

My strongest reservation about *The Virtuous Psychiatrist* relates to the authors' strident advocacy for the primacy of a virtue ethics framework for psychiatric training and practice. In my regular engagement with psychiatric residents as an ethics educator, there is a lot of stimulating talk and enlightening debate about motives, actions and consequences, and often an affirmation of the need for some rules, which is more the operational language of Kantian ethics and consequentialism than that of virtue theory. In addition, a variety of justice-based approaches, including distributive, formal and social-relational accounts, have much to offer the normative analysis of 'what *should* be' in psychiatric training and practice. As such, rather than focusing on what virtue ethics has to offer as the authors recommend, a richly pluralistic approach to psychiatric ethics and good psychiatric doctoring seems to be warranted, in my view.

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