In My Life

The Doctor Who Hears Voices

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I recently saw the drama-documentary "The Doctor Who Hear Voices" by Rufus May, a clinical psychologist. I saw this film through a public film theater program that is run by a biopsychiatrist and that presents monthly films on psychosocial issues. After the film was shown, the psychiatrist directed a discussion with audience members. The dynamic of the interaction that ensued troubled me; and brought to mind the extreme relevance of ethical theory and of ethical theorists in illuminating psychosocial issues.

The film is about a junior doctor, Ruth, who is suspended from her job after telling her superiors that she is hearing a voice that wants her to kill herself, and Rufus, who treats her using an innovative interpersonal approach instead of with impersonal, drug-based treatment. Rufus adopts a humane, caring attitude toward Ruth. He tells her not to take medication and to try to find meaning in her stressful experience. We see him meeting her in non-clinical settings, such as by a river, on the street, in a restaurant, and trying persistently to engage with her and the voice. At one point he believes the voice may in some way be related to the tragic loss of her brother who died suddenly when she was young; and he gets her to write a letter to the dead brother. Later in the film Ruth connects the voice to a bully she had in the past. The voice is quieted and she is eventually able to return to work. In the final scene we see her talking to a supportive Rufus in his car. Perhaps the most heartwarming scene is of the two at the water where Ruth drenches her head and Rufus follows suit, joining in "the craziness," a kind of mutual baptism of absolute equals.

The psychiatrist who directed the discussion about the film, claimed that Rufus had behaved very recklessly and unprofessionally, and talked in detailed clinical terms about Ruth's "condition." No members of the audience, however, expressed agreement with him, but rather voiced their own personal complaints about the destructive paternalism of psychiatry. Nonetheless, they continued to look to the psychiatrist for guidance and help in better understanding psychosocial issues. One person asked about alternatives to psychiatric medicine, such as yoga and art therapy, and the psychiatrist answered very confidently that no other treatment had been proved to have the same effectiveness as medication. The audience accepted this response with deference; and I was alarmed, as if the psychiatrist was at that moment putting a pill under their too pliable tongues. People asked him what was wrong with Ruth and why she had behaved as she did; and he answered mostly with references to psychiatric terminology, and with little reference to events and relationships in her life. When someone asked whether Ruth could have been suffering from post-traumatic stress related to the loss of her brother, he said confidently that this was very unlikely. His responses to me seemed not only grossly one-sided but also irresponsible, in failing to address the concerns about psychiatric paternalism.

It is helpful to apply care ethical theory and its emphasis on the importance of healthy relationships to the situation of Ruth. If we see the stressful situation of Ruth as not being so much a product of "mental disease" but rather, in terms of inadequate or failed relationships, we can ask about relationships around her. For instance, we never heard anything about her parents or about how the family had coped with the tragic loss of a young child. Had the family taken part in any kind of healing ritual or process? How did the loss affect the relationships between family members? Was there any unhelpful behaviour or behaviour reflecting denial of the serious loss? Was it a family in which denial became a way of handling other serious losses or misfortunes, as can happen, especially when a family lacks outside support. Ruth talked about being bullied. Did her parents offer support around this or fall into denial of her suffering? Did members of the larger community around her also fall into denial of this problem, perhaps also lacking in strategies for handling bullying? Further, being a junior doctor and starting a career can be very stressful. Was her supervisor giving her adequate direction and support? Was this relationship strong and positive? Was the social environment of the workplace in general supportive? In the film Rufus and Ruth seemed to be very much isolated; and I wondered what kind of support Rufus was receiving for forging this caring relationship. Was he getting adequate support? Care ethics doesn't give us a clear explanation for Ruth's behaviour but at least it gives us good direction for where we can look for answers. In the case of biopsychiatry, both the questions and answers are too simple, framed in the narrow terms of medical diagnosis and not, more flexibly, in an attempt to arrive at a meaningful life narrative.

The film made me think about tragic losses that I suffered in my own family. Rufus' attitude would have been so much more helpful rather than the punitive attitudes of biopsychiatrists attacking my "grief structure" with drugs and demoralizing labels. For many years, through my childhood and twenties, I was beset by chronic suicidal ideation. I came to experience this as simply a normal, however intensely unpleasant, state of mind. When I told a psychologist about it I remember feeling very surprised when she said it was not something that most people experienced. I have since learned, though, that chronic suicidal ideation is a common state in people who have suffered chronic trauma. It's something we simply have learned to adapt to while maintaining jobs and continuing on with our lives. Psychiatry, however, casts all suicidal ideation as indicative of possible incompetence. I'm

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lucky that I didn't tell more people about the morbid droning; as I surely would have had even more obstacles in my life than I have had already. And one biopsychiatrist in the film gave a wonderful piece of wisdom, as someone who understands the full power of the tools of his trade; which is that people with psychiatric diagnoses should never disclose these to a potential employer lest they should be judged incompetent.

There are many alternative ways to address and manage grief; and many kinds of healers and knowledgeable people to turn to for direction and help. Drugs can play a role in healing but it can never be a leading role, as medication cannot address what are essentially crises in meaning and relationships. For these questions, experts in the humanities and social sciences are much better prepared and biopsychiatrists should not attempt to lead and direct people, putting them at risk for chronic dependence, demoralization and despair.

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