

Review of Jonathan Glover, *Alien Landscapes? Interpreting Disordered Minds* (The Belknap Press of Harvard University Press, 2014)

Brian O'Connor (University College Dublin)

Alien Landscapes is a unique and valuable book. It is made up of numerous elements, its agenda spilling over with intriguing questions, insights and proposals. At one level the work could be appreciated as a very companionable and charmingly conversational guide to the philosophy of psychiatry. But it is quite a bit greater than that. Jonathan Glover delicately and profoundly engages with the realm of psychological and emotional suffering that is increasingly thought of as the realm of mental disorder. He resists a common philosophical impulse to offer an overarching view of what disorder is. The approach at work in *Alien Landscapes* is, rather, practical in the non-technical sense. It is, among other things, an aide to reflective clinicians who must confront situations where conceptual ambiguities and dilemmas might well have implications for how they interpret and treat their patients' difficulties. This proves to be an immensely productive path to take, particularly if one believes that the question of 'the essence of mental disorder' is, at this point anyway, a useless distraction. Instead of theory we concentrate, effectively, on practice.

Glover's approach is guided by his concern with the efforts of human beings to make sense of and get to grips with their emotional suffering. These efforts are not, obviously enough, exclusive to psychiatry or to what is formally designated as mental disorder. Drawing on a huge assortment of material from literature and philosophy as well as what we might call, psychiatric testimony Glover adds detail and sophistication to the question of how self-understanding might begin. The range of psychiatric categories considered is almost exhaustive: depression, psychosis, personality disorder, autism, addiction, dementia, anorexia, post-traumatic stress disorder, phobia (with a few others treated in passing). There is also an interest in some of the kinds of distress more usually treated by psychotherapy than psychiatry.

* In *International Journal of Philosophical Studies*, Vol. 23/5 (2015) pp. (779-784)

For a work of philosophy *Alien Landscapes* is notable for its empirical material. Glover interviewed patients at Broadmoor Hospital, a high security psychiatric facility in England. His project there was to discover the level of moral self-understanding of interviewees said to exhibit antisocial personality disorder. These interviews tantalize. The Socratic method certainly had little room to breathe in that unnatural situation, though Glover does offer some conclusions. His main finding is that of shallowness – the lack of generalizable and persistent principles – in the patients’ views of morality and also in their ideas of what they would take to be a good life. The stories from Broadmoor give us an unsettling insight into a swathe of lives marked by destructiveness yet not, at the same time, by a defiant immorality. They complicate our usual assumptions about autonomy and responsibility.

Glover is open-minded towards psychiatric symptoms and categories, but not on sceptical grounds. Rather, that open-mindedness serves the end of finding the most appropriate interpretation of individual suffering. Here are examples of how, across a range of disorders, Glover contributes to that end. [Autism] He discusses some of the autistic behaviours that can seem quite ‘alien’ to others: rocking from foot to foot and head-banging. Exploring these experiences through the work of Donna Williams (author of an autobiography which deals with her own autism) Glover proposes that what ‘seems strangely antisocial becomes more intelligible’ when read as understandable efforts at releases from tension (p. 136). But we will gain that intelligibility only if we try to construe that behaviour in its fullness as a kind of intentional expression, rather than reduce it to our own restrictive language of normality. [Psychosis] William Blake’s complex ‘visions’ challenge the idea that we must always intervene where there is evidence of delusive experience. Certainly, a flat-footed psychiatry would be troubled by Blake’s accounts of his inner life. Yet, as Glover notes, ‘the role’ these visions ‘played in supporting’ his ‘highly independent view of the world beneficially integrated them into who he was. They gave him the feeling of solid ground’ (p. 176). [Clinical Depression] Glover sympathetically relates the case of the English woman Caroline Beale who, on a plea bargain, was convicted of the manslaughter of her newborn baby during a visit to New York in 1994. Beale was evidently clinically depressed throughout much of her pregnancy as well as during the final moments of her infant’s life. Glover uncovers the layers of prejudice and conceptual confusion that led to the hostile and unforgiving perception of her

actions (pp. 267–70). [Anorexia] The terrifying beliefs that appear to sustain anorexia are considered by Glover through his reading of a range of personal accounts. Anorexically-motivated beliefs about body shape are surely false, but how can we show that? What does it mean to rest a life on false or distorted values, and from which perspective can that critique be made? Among Glover’s suggested answers to these questions is ‘the “thank you” test’ (p. 357). During recovery the sufferer experiences gratitude for the help given by therapists, and this gratitude reveals her or his truer values. [Dementia] Through the experiences of Iris Murdoch’s final years Glover asks what it means to declare that a person’s identity has finally been taken away and replaced by illness. He wants to remind us that it can be too easy to draw a final conclusion in that we may still glimpse vestiges of the ‘original person’ in unexpected places. Those places may be, for instance, in our relationship to our surroundings or a turn of phrase.

In *Alien Landscapes* these specific studies stand alongside and are intertwined with broader philosophical questions. From among the wide range of more familiar philosophical themes explored and developed in the book I will focus on what seem to me to be the more prominent of them.

I

An interweaving concern of *Alien Landscapes* is ‘self-making’. What I take from Glover is that recovery from mental disorder requires in patients not only a release from immediate symptoms but also a gain in knowledge of the kind of life with which they could identify. Part of the business of helping patients who experience a loss of control, Glover argues, is ‘to treat them as responsible agents, capable of choosing to make changes for the better in their lives’ (p. 293). The alternative is to see patients as the helpless victims of forces over which they can have no viable control. Glover argues, though, that a therapeutic emphasis on responsibility does not place a patient’s condition outside the space of causality. In the case of addiction the causal influence is powerful but not overwhelming. What patients must be allowed to see is this capacity for resistance within themselves. However, this strenuous act, Glover suggests, may succeed only when therapy is geared towards ‘self-understanding, which can feed into self-creation’ (p. 341). Self-understanding – ‘finding our own shape and grain’ – is required in order to identify what it is we really can make of

ourselves: identifying which values we are capable of making our own (p. 365). Glover also represents this as a process of ‘self-interpretation’ (p. 385). At the very end of the book he identifies as among the ‘foundational questions for a philosophical account of psychiatry’ that of how ‘far self-creation is compatible with the constraints of temperament and of environment’ (p. 391). The considerable energy of Glover’s position comes from his conviction that, like a contemporary practical idealist, individuals can lift themselves out of the grasp of hopeless and deterministic stories by positing themselves as free agents. The metaphysical question of the self is replaced by the practical one. This is the view ‘from inside’ (p. 392). Glover occasionally insists that this self-positing, to use someone else’s term, is set within a context of good science: the view from outside. It seems to me that this insistence is motivated by Glover’s respect for a conventional, though debatable, thesis in psychiatry’s own self-conception. He believes that we ‘will never understand mental disorder unless we see it, as modern psychiatry does, in the clear light of scientific empiricism’ (p. 392). What form that scientific empiricism might take is left open, but even the most permissive sense would be stretched with regards to a number of the disorders Glover cautiously discusses in his book (not least that of the Broadmoor patients). Glover is optimistic about the prospect of advanced scientific accounts of the mind (p. 302). (Though he is, with good reason, sceptical about the specific way in which quasi-evolutionary theory has been used to capture the dysfunctionality that is said to mark disorder: p. 216). One of his understated philosophical principles is that ‘agency with a causal story is still agency’ (p. 294). Why, though, should we involve ourselves with causal stories? Those stories are of far less significance – not equal – to the humanistic approach that Glover emphasizes as central to therapeutic recovery. This thought seems, in fact, to be shared by Glover himself. He writes:

Where dysfunctions can be identified, what calls for help is the harm rather than the dysfunction. This in turn leads into questions about the kinds of harm that may justify offering psychiatric help, and the different accounts of the good life with which they are contrasted. (p. 244)

Glover – if I understand this line of thinking correctly – does not accept that we can take a lead from what we might be able to say medically about the causes of a person’s behaviour when the question of harm is to be cashed out in terms of the good

life. (I will return to that specific issue below.) The non-medical aspect has some authority.

II

Philosophers have been curious for some time about the delusional experience of certain kinds of psychotics. A standard approach has been to start with a preferred model of normal experience and then to suppose that, for some pathological reason, the psychotic is unable to experience in that way. That inability leads to gaps in the psychotic's perceptions and judgments which are spontaneously filled in by false yet somehow incorrigible beliefs. Grander theories go a little further by taking those gaps to illuminate features of normal experience which come to theoretical attention only through some incapacity in the pathological case. Glover takes that more ambitious route. He offers a number of 'conjectures' as explanations of the psychotic sufferer's acceptance of what would normally be viewed as wholly implausible beliefs. He works his way towards those conjectures by developing the concepts of 'tagging' and 'weight' in our belief webs. A delusive belief is not inferential but is 'a strong intuitive conviction' (p. 159), producing a mistaken 'tag' which underpins resistance to counter-evidence. This weightiness explains the sufferer's 'disregard for the constraints of plausibility' (p. 154). (In the latter, Glover sees analogies in the doomed yet unrelenting beliefs of the followers of failed ideologies.) A strong intuition may produce a range of other errors that lie within its holistic inferential set. Glover does not tilt his theory in favour of a purely cognitive account. He is also interested in the way in which 'normal feel' (p. 159) and 'emotional feel' (p. 160) affect our intuitive commitments to plausible beliefs. These are fascinating suggestions, particularly when we bear in mind that alongside the optional criterion of delusional episodes the diagnosis of schizophrenia also includes the possibility of affective flattening. Nevertheless, Glover cautions against taking his philosophical conjectures to be conclusive in the absence of the empirical research they evidently lack. He regards them as empirical claims. They are, though, arguably speculative claims of the kind which can be found in texts of epistemology or the philosophy of language. There is good reason to think that the causes of delusions might be discovered through neurological or psychological research. It is difficult to know, though, whether that research could ever be psychiatrically meaningful without the irreducibly speculative bridges we build between the physical and the ideal.

III

Psychiatry is supposed to have something to do with enabling those in distress to gain a 'good life'. This topic is clearly irresistible to philosophers. Glover suggests that a 'good life is supported by certain features of a person's psychology. One is being at peace with yourself' (p. 240). It also involves 'having a good deal of control over your own life' (p. 241). These elements may be found in a life that 'adds up to something, that has some meaning' (p. 242). By this measure the removal of disorder hardly amounts to the achievement of the good life. Glover identifies the danger of 'stifling versions of psychiatry based on narrow conceptions of the good life' (p. 245), that is, which take no account of our need to flourish or to lead a life in accordance with our own values (p. 223). Glover also notes that psychiatrists will cross 'the normal medical boundary' (p. 236) in order to help patients who are not clinical cases to achieve precisely that inner peace and self-control that are among the markers of a good life. He tentatively defends these interventions where it is clear that the patient's life is genuinely enhanced and the request is not the result of social pressure. What this area of psychiatric work evidences, we could argue, is psychiatry's growing indifference to the scientific enterprise many within and without it like to ascribe to it. And these developments should hardly surprise us. Psychiatry is, after all, the broadly moral business of helping those with emotional or psychological impairments who appear unable to help themselves. The question of what impairment fundamentally is is not entirely under the control of psychiatry and certainly not of science. The boundaries of psychiatry, for this reason, look like they are made to expand. In light of Glover's rich conception of the possible role of psychiatry in how we might understand ourselves and our preferred lives need he also maintain that psychiatry is in some way dependent on a scientific story?

What gives *Alien Landscapes* a special character as a work of philosophy is its lack of dogmatism. As Glover remarks, 'leaving things open can be more fruitful than seeking a decisive verdict' (p. 340). Decisive verdicts do not tend to hold up in the face of human complexity. Intelligent engagement with disordered lives requires sensitivity to what people have to say, rather than what would make our theories simpler. Glover's book is brilliantly appropriate in that way. The many reductive debates in the philosophy of psychiatry are shamed by it. *Alien Landscapes* shows that

a philosophically-minded engagement with mental disorder need not be without value to suffering human beings.