References quoted in Gerry Roche's introduction to his *viva–voce* examination on 13th September 2011 prior to the award of a PhD for his dissertation 'A *philosophical investigation into coercive psychiatric practices*'

Fulford K. *et al* (1993) 'Concepts of Disease and the Abuse of Psychiatry in the USSR.' *British Journal of Psychiatry*. 162:801-810.

- (p.803): What conclusions are to be drawn, therefore, from the finding that Soviet concepts of disease, far from being defined socially, were if anything more exclusively and explicitly biological than their counterparts in the West?
- (p.804): ... as to the particular diagnostic categories just mentioned, although these figured prominently in cases of abuse, each has its counterpart in the West ... patients diagnosed in Moscow as suffering from sluggish schizophrenia were not found to be normal by Western criteria but reallocated to other disease categories ...
- (p.804): ... the category of sluggish schizophrenia is similar, ... to the Western concept of 'latent schizophrenia' ...
- (p.805): Then again, the symptom has been criticised for its political content ... But in Western psychiatry, delusions with a political theme are common in a wide variety of mental conditions.
- (p.806): Diagnosis in medicine depends not just on the facts but on the interpretation that is placed on the facts. ... Medical sociologists have long argued that lay concepts of disease are value-laden.
- (p.807): ... the evaluative connotations even of all-purpose value terms such as good and bad, vary with context. For a non-medical example, 'good' used of pictures has overtly evaluative connotations whereas used of, for instance, apples, its connotations are mainly descriptive ... Transferring this argument to medicine then, it can be seen that if disease is a value term, physical illness (with its predominantly descriptive connotations) would be like 'good' used of apples, while mental illness (with its more marked evaluative connotations) would be like 'good' used of pictures.
- (p.808): But this means that it is in just these cases, cases in which the value judgements are genuinely contentious, that an open and explicit framework for diagnosis is required. The lesson from the Soviet experience therefore, is that it is by exposing our practice to what Birley (1991) has called agora (the market place of free exchange of ideas), rather than by sheltering behind an exclusively scientific model of disease, that we can help to reduce the vulnerability of psychiatry to abuse.

Rose, G. (1996). *In Mourning Becomes the Law: Philosophy and Representation*. Cambridge: Cambridge University Press.

- (p.41): I shall start by questioning what I call 'Holocaust Piety', evident across the whole range of responses to Spielberg's film Schindler's List,...
- (p.43): ... is to mystify something we dare not understand because we fear that it may be all too understandable, ... all too human.
- (p.48): ... It leaves us ... piously joining the survivors putting stones on Schindler's grave ... It should leave us unsafe, ...
- (p.54): Instead of emerging with sentimental tears, which leave us emotionally and politically intact, we emerge with the dry eyes of a deep grief, which belongs to the recognition of our ineluctable grounding in the norms of the emotional and political culture represented, ...
- (p.50): he makes you witness the brutality in the most disturbing way for it is not clear from what position, ... as whom ... you are reading. You emerge shaking in horror at yourself, with yourself in question, ...

Borowski, T. (1992). This way for the Gas, Ladies and Gentlemen. London: Penguin Classics.

Ishiguro, K. (2009). The Remains of the Day. London: Faber & Faber.

Wilkinson, G. (1986). 'Political dissent and "sluggish" schizophrenia in the Soviet Union.' *British Medical Journal*. 293: 641–2.

(p.641): It is considered by some governments that if a person does not agree with the views of the state, his sanity must be called into question. Extensive documentation exists on the misuse of psychiatry and psychiatric drugs in the Soviet Union.

*E.H. v St. Vincent's Hospital & ors* (2009) [An Irish Supreme Court judgement of 2009] citing *Cudden v The Clinical Director of St. Brigid's Hospital* (2009) and *RL v Director of St. Brendan's Hospital* (2008):

- ... the statute of 2001 is a scheme of protection, and a very elaborate and very necessary scheme of protection, because of course everyone, even from general knowledge, is aware of the serious misuse of the power to detain people in mental hospitals which have taken place in fairly recent times in other jurisdictions.
- We do not feel called upon by authority or otherwise to apply to this case the sort of reasoning that would be applied if it were a criminal detention.

Bloch, S. & Reddaway, P. (1984). Soviet Psychiatric Abuse. London: Gollancz.

- (p. 29): The prospect of being placed compulsorily in a psychiatric hospital as a healthy person is so ghastly as to be almost unimaginable.
- (*ibid.*): Added to this frightening insecurity is the sense of complete impotence experienced by the dissenter. Not only is he deprived of the right to judicial review but he also has no legal redress whatever concerning any aspect of his conditions. For example, he cannot mount a malpractice suit against a cruel staff member.

Mersky & Shafran (1986). 'Political Hazards in the diagnosis of "sluggish schizophrenia". *British Journal of Psychiatry*. 148: 247-256.

- (p.253): It is true that somewhat similar descriptions may occur in English textbooks. It is common for English writers to consider that at least 20% of the general population may have a psychiatric disorder. But these are self-disclosed symptoms and complaints, not disorders which the 'patient' himself rejects and which his relatives may also reject.
- (*ibid.*): When a psychiatric system places such emphasis on latent illness, which is not detectable by our usual open techniques, it involves immeasurable risks to individual liberty. [Emphasis in original]

Hickling, F. *et al* (1999). 'A Jamaican psychiatrist evaluates diagnoses at a London psychiatric hospital'. *The British Journal of Psychiatry*. 175: 283-285.

Metzl, J. (2011). The Protest Psychosis: How Schizophrenia Became a Black Disease. Boston: Beacon Press.

- (p. xv): Schizophrenia's rhetorical transformation from an illness of white feminine docility to one of black male hostility resulted from a confluence of social and medical forces.
- *(ibid.)*: [The DSM–II] recast the paranoid subtype of schizophrenia as a disorder of masculinised belligerence.
- (*ibid.*): Growing numbers of research articles from the 1960s and 1970s asserted that schizophrenia was also a condition that affected 'Negro men', and that black forms of the illness were more aggressive and hostile than were white ones.
- (*ibid.*): Mainstream, white newspapers in the 1960s and 70s described schizophrenia as a condition of angry black masculinity or warned of crazed black schizophrenic killers on the loose.

Bromberg & Simon. (1968). 'The "Protest" Psychosis - A Special Type of Reactive Psychosis.' Arch Gen Psychiatry. 19(2):155-160.

- (p.155): The purpose of this paper is to identify a specific type of reactive psychosis related in part to recent social-political events.

Butcher, J. (2007). 'Controversial Mental Health Bill reaches the finishing line.' *The Lancet*. 370(9582):117-118.

- (p.117): When the Mental Health Act was introduced in 1983, psychiatrists believed that there was no association between mental illness and violence. ... it was Jonathan Zito's murder ... that changed the practice of psychiatry in the UK, according to Anthony Maden, a professor of psychiatry at Imperial College, London, and the clinical director of the service for dangerous and severe personality disorders at Broadmoor Hospital.
- (*ibid*.): The way that we do psychiatry in 2007 is almost unrecognisable from the way it was in 1983. In 1983 we did not know about those risks and now not only do we know about them, but the government has been forced to take them very seriously", says Maden. "But you won't find any sense of humility among senior psychiatrists that as a profession basically we got it wrong."

Olofsson, G. (2007). 'The dark side of professions – the role of professional autonomy in creating 'great professional disasters'.

Paper given at the 8<sup>th</sup> Conference of the European Sociological Association in Glasgow. [online], available:

http://dinsida.gu.se/infoglueCalendar/digitalAssets/1762541268\_BifogadFil\_Olofsson%20professionspap er%20ESA%2026%20aug%202007.pdf [accessed: 26 May 2008].