

Psychiatric Genetics



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Definition

This entry provides an overview of the concept of psychiatric genetics. The concept of psychiatric genetics, the notion of a “family history” or “genetic loading” of so-called mental illness, has a long history in the conception, scientific status, and practice of psychiatry. There is much that is contested about this concept, including the effects of putting it to use and the construction of humanness it assembles, locating the historical contingency of the concept, and its scientific validity. The consequences of this construction of humanness can lead to less livable lives. When there is a history of psychiatric diagnosis in a family, there are alternative interpretations and practices that can contribute to more livable lives, or lives

where individual, familial, and collective knowledge, as well as complexity, is honored.

...I have come to believe that the most fundamental transformation in the power of psychiatry will come not from the discovery of the genetic or neurobiological basis of mental illness, but because of the increasing recognition that the recipients of psychiatric ministrations, proclaimed for their benefit, are increasingly acquiring a voice, and some power, in contesting the ways they are treated... (Rose 2019, pp. ix–x)

The concept of psychiatric genetics, or what is now often termed a *family history* or *genetic loading* of “psychiatric illness,” has a highly significant presence in psychiatry since the nineteenth century. For instance, in a work that was awarded a prize by the Academie de medicine in 1843, Baillarger wrote: “Everyone agrees about the influence of hereditary in the production of madness” (cited in Foucault 2003, p. 289).

This entry offers a critique of the concept of psychiatric genetics by considering the effects of putting the idea to use, but also by considering the scientific validity of such a concept and some of the chilling purposes for which it has been put to. It will also consider alternative understandings and practices that could perhaps be best described as an honoring of the know-how that comes from lived experience of mental health problems. The author will draw on professional literature, as well as the knowledge arising from those he works with in his capacity as a group and family therapist.

History and Purposes of the Concept of Psychiatric Genetics

In the work of German psychiatrist Emil Kraepelin (1856–1926), who invented the illness category “dementia praecox,” later named schizophrenia, psychiatric genetics was described as “inheritance.” The Swiss-German psychiatric geneticist Ernst Rudin (1874–1952) became an assistant to Emil Kraepelin and is generally considered the “founding father” of psychiatric genetics. The central idea of psychiatric genetics was to look into patterns of inheritance around so-called psychiatric “illness,” which then became the key basis for the *biological nature* of these psychiatric “illnesses” (Shorter 2005, p. 228).

There are many commentaries that could be offered on the work of Ernst Rudin and how he put the idea of psychiatric genetics to work. One commentary that will be expanded below involves the shameful history that leads to the Nazi Party and notions of racial hygiene (Joseph 2015). Edward Shorter, a Professor of the History of Medicine at the University of Toronto, offers another commentary on the work of Ernst Rudin. Shorter quotes psychiatry historian Matthias Weber: *Through Rudin’s work, the genetic viewpoint won a prominent position in scientific psychiatry and gained its own methodology* (quoted in Shorter 2005, p. 230).

So, early in the development of psychiatry, psychiatric genetics offered substantial material and therefore justification for a scientific and biological conception for the profession. In more contemporary psychiatry, psychiatric genetics have a number of other purposes, some of which are outlined below.

1. **For identifying potential families for genetic studies and clinical research.** Weissman et al. (2000) do suggest that within psychiatry, screening for family psychiatric history is, first, for the purpose of research and locating research subjects, rather than for clinical practice:

Screening for family psychiatric history is the first step in identifying potential families for genetic studies. However, it is becoming increasingly

critical for patient information in clinical research and practice. (Weissman et al. 2000, p. 681)

This includes potential families for very large samples for candidate gene and genome-wide studies (Milne et al. 2008).

2. **For the assessment of “risk” for most “psychiatric disorders.”** Reflecting the position in the field more generally on psychiatric genetics, Milne et al. write with certainty about this: “Family history is a major risk factor for most psychiatric disorders” (Milne et al. 2008, p. 41) and reference the work of many authors to substantiate their claim.
3. **For potentially avoiding liability for medical negligence.** Lawrence and Appelbaum write in their 2011 paper “Genetic Testing in Psychiatry: A Review of Attitudes and Beliefs”:

However, it does seem clear that if (genetic) testing for either diagnostic or predictive purposes advances to the point that it represents the standard care in psychiatry, clinicians who fail to obtain such tests may be held liable for negligence. (Lawrence and Appelbaum 2011, p. 12)

This particular purpose has surely come out of the influence of neoliberalism, where the management of financial risk is at the center of the practice of genetic testing and is the individual practitioner’s responsibility.

4. **For validating diagnostic categories** (Andreasen et al. 1977).
5. **Inserting the material into the nonmaterial.** A further purpose for psychiatric genetics – of *giving (the whole family) body to psychiatric illness* – of placing the *ill body* into the realm of the *ill soul*, that is, inserting *the material* into *the nonmaterial*, will be outlined in more detail below.

At its most basic, contemporary clinical practice of inquiring about psychiatric genetics in psychiatric assessment and research includes variations of the following three questions:

- Is there any psychiatric illness in your family or family history?
- Is there any substance abuse in your family or family history?

- Is there any suicide in your family or family history?

The purposes of, the validity for, and the history of psychiatric genetics are all contested or contingent, which will now be discussed.

The Contestation and Contingency of the Concept of Psychiatric Genetics

Yet the concept of patterns of inheritance spills easily into “race” and “degeneration,” putting science at the service of its masters. (Shorter 2005, p. 228)

There is nothing about physiology or genetics that would predispose the voices of schizophrenia to attack their female subject on the basis of their sexuality, or to call their male subjects “wimps”. (White 1998, p. 126)

The concept of psychiatric genetics has been contested mostly via two realms:

- Questions arising out of a logical positivist orientation – of the scientific validity of the concept
- Questions arising out of a poststructuralist orientation – a review of the history of such a concept, of the historical and cultural contingency of such a concept

If questions can be asked of the scientific validity for the concept of psychiatric genetics, and if the concept itself is historically and culturally contingent, and thereby loosening its truth status, this can free up another question: *What are the consequences of the idea of psychiatric genetics, and how does it shape lives or shape “humanness”?*

There could be a more precise question to ask here, thanks to Judith Butler’s concept of “livability.” In her 2004 book *Undoing Gender*, Judith Butler wrote about experiences for trans and intersex people: *“I may feel that without some recognizability I cannot live. But I may also feel that the terms by which I am recognized make life unlivable”* (Butler 2004, p. 4). Although such a

crucial critique found shape in trans and intersex experience, perhaps it can migrate to reconceptualize the semantic implications of psychiatric genetics and therefore craft the following question: *Is the idea of psychiatric genetics a term/condition for recognition/identity that assists me to live a more or less livable life?* Some responses to this question will be explored below.

The Scientific Validity of the Concept of Psychiatric Genetics

Although logical positivism is not the critical orientation of this entry, it is regularly brought to bear around medical knowledge, including concepts that belong to psychiatry, such as psychiatric genetics. The scientific validity for the concept of psychiatric genetics has been investigated and reviewed extensively. The discussions and studies include reviews of the reliability of different assessment instruments, the complications that come from diagnostic unreliability, whether the findings point to any conclusive evidence, and crucially, questions around the ethics of putting the idea of psychiatric genetics to use within research and clinical practice, as well as more broadly. Below is just a small sample of such findings and discussions.

- An article published in 1977 titled, “The family history method using diagnostic criteria: reliability and validity” reviewed two different instruments for collecting data on family history of “present or past symptomatology” of “psychiatric disorders.” Although this includes just one of the instruments, one of the key findings included *“underreporting remains a major problem of the family history method”* (Andreasen et al. 1977, p. 1229).
- In 1987, Tsuang et al. wrote the following as the starting point for their study: *“Diagnostic misclassification and unreliability can lead to spurious conclusions about patterns of familial aggregation and co-aggregation of psychiatric disorders”* (Tsuang et al. 1987, p. 391). When misclassification is present, it can set the scene

for a flimsy basis of the heritability of psychiatric genetics, and depending on the number of family members potentially psychiatrically misclassified, this flimsy conclusion can be built on twice or even more.

- In a 2004 article in the *International Review of Psychiatry*, titled “A review of the evidence from family, twin and adoption studies for a genetic contribution to adult psychiatric disorders,” the authors Shih et al. wrote, “*Psychiatric Disorders are complex disorders in which simple patterns of inheritance have generally not been found*” (Shih et al. 2004, p. 276).
- In a 2011 article titled “Genetic Testing in Psychiatry: A Review of Attitudes and Beliefs,” Lawrence and Appelbaum write in their conclusion:

these generally positive views (about genetic testing) are moderated by fears of negative consequences, ranging from concerns about discrimination to worries about being unable to cope with knowledge of what may be seen as one’s “genetic fate.” (Lawrence and Appelbaum 2011, p. 327)

- And in an article published in *The Lancet* in 2013, titled “Identification of risk loci with shared effects on five major psychiatric disorders: a genome-wide analysis,” the results were somewhat inconclusive. The study coauthor Dr. Jordan Smoller commented on the results: “*Although statistically significant, each of these genetic associations individually can account for only a small amount of risk for mental illness*” (National Institute of Health 2013).

Although these points offer a snapshot, it is clear there are questions, scientific uncertainty, and ethical dilemmas in more recent findings from researchers around the concept and application of psychiatric genetics. And yet it could be asked: Why there is seemingly unending determination to persist with psychiatric genetics – with more research, bigger samples, more nuanced research terms, and so on – when such uncertainty and ethical dilemmas are regularly confronted? Just one example of this determination can be seen in the paper by Burmeister et al., “Psychiatric

Genetics: Progress amid Controversy.” They write, “*Current efforts aim to increase sample sizes by gathering larger samples for case–control studies or through meta-analyses of such studies*” (Burmeister et al. 2008, p. 527). TallBear perhaps offers an answer in what she names, “*a growing genetic fetishism*” (Tallbear 2013, p. 10), or what Antoinette Rouvroy termed a “*genetic revolution*” (Rouvey 2008, p. 1), the project of making identity and genetics synonymous.

I appreciate what Nikolas Rose, professor of sociology at King’s College London, offers on this dogged determination:

When it comes to psychiatric genetics, one might be forgiven for recalling the famous lines in Tomasi di Lampedusa’s *The Leopard* (1960): “if we want things stay as they are, things will have to change”; or to put it in the usual misquoted form: “Everything must change so that everything can stay the same.” (Rose 2019, p. 108)

Psychiatric Illness Requiring the Body

Foucault writes about the history of the use of the concept of psychiatric genetics in medical history taking and research: “. . . we should be surprised by the sheer extent of the research undertaken in this examination of the medical history of all the patient’s ancestors and collaterals. . . and we should be surprised by its early appearance and persistence today” (Foucault 2003, p. 270). He suggests a reason for such a persistence:

... it was above all and essentially a way of making up for the lack of pathological anatomy, for that absence of the body... Hereditary is a way of giving body to the illness at the very moment that this illness cannot be situated at the level of the individual body; so one invents, one cuts out a sort of huge fantastical body of the family affected by a mass of illnesses. . . The sick body in the questioning of madness. . . is in reality the body of the entire family. (ibid., p. 271)

Foucault, in reviewing the history of the appearance and use of psychiatric genetics, is suggesting not just that it is surprising, but that such an idea and practice are required in psychiatry, to insert the body, the bodies of a person’s extended family, into whatever is starting to be

understood as “psychiatric illness,” as without the (whole family) body there is no pathology. Such an historical review can loosen the truth status of the concept of psychiatric genetics, as it can be seen as a historical and cultural product, not a concept that represents an end point of scientific backed knowledge discovery.

Some Consequences of the Concept of Psychiatric Genetics

If it is possible to question the truth and usefulness of the idea of psychiatric genetics, as a historically and culturally specific concept; as discussed above, Judith Butler’s idea of “livable lives” may assist. Dr. Kathryn McNeilly, lecturer at the University of Belfast helpfully summarizes Butler’s concept of livability as offering critical and ethical assistance when considering the particular norms, concepts, and power relations being utilized in the production of the “human.” She writes:

Livability operates as a theoretical tool to illustrate that we cannot take the concept of the “human” or the idea of human life for granted, to do so is to fail to think critically and ethically about the consequential ways in which the human is produced, reproduced and deproduced in contexts of precarity, power and the ever-present possibility of unlivable life. (McNeilly 2016)

In addition to the questions written above, the idea of livability in the current discussion can shape the following question: *What are some of the consequential ways that the concept of psychiatric genetics produces humans, by making lives more livable, or not?* The following are some responses to these questions. The consequences discussed below are mostly, but not only, in the realm of mental health or psychiatric clinical practice.

Curtailing Their Numbers

Nikolas Rose writes of just one of the consequences of the notion of an “heritable trait of

degeneracy” in the late nineteenth century. He writes, there was widespread acceptance in:

...the idea that disorders ranging from tuberculosis to insanity were symptoms of a heritable trait of degeneracy that hampered the overall power of a nation and its ability to succeed in international competition for territory and resources. (Rose 2019, p. 26)

He then outlines just one consequence of this widespread acceptance:

This made it imperative to identify those burdensome individuals and, if possible, to curtail their numbers, in the first instance by limiting their tendency to spawn so many genetically tainted offspring. (Rose 2019, p. 26)

So, just one pathway opened up via the concept of a “heritable trait of degeneracy,” or “psychiatric genetics” is cultural or national efforts to curtail numbers of those deemed to be carriers of such traits or genes. This has been shown to be the case in the work of Ernst Rudin and how he used the concept of psychiatric genetics to assist in developing a program of racial hygiene. The very fact that Rubin’s work is included in scientific publications is highly problematic to many scientists. Israeli genetic researchers Bernard Lerer and Ronnen Segman argue as such, writing that the justification for including his name can only be to, “enable a generation of researchers who may not be fully aware of his tainted legacy, to learn more about it and to appreciate how easily science can be perverted in the service of evil” (quoted in Joseph 2015). Along with others, they make a powerful point that Rudin’s work provided the intellectual material for eugenics, sterilization, and even murders in the name of racial hygiene that flowed from a concept of and research into psychiatric genetics (ibid.).

It is crucial that such atrocities and histories be acknowledged and that the gross misuse of scientific programs such as psychiatric genetics be told. This is not just to avoid going down a similar path, or to tell a more comprehensive and fairer story of psychiatric genetics. It is to honor those lives lost, and powerfully limited as a result of the use and misuse of the concept of psychiatric genetics, and in the process, to acknowledge that the effects of such atrocities will still be haunting lives and

communities, and in this haunting, people will still be grappling with ways to respond.

Discounting Complexity and Creating Homogeneity

As discussed above, a search for patterns of inheritance of psychiatric illness can provide a research agenda and contribute to the scientific status for the psychiatric profession. When human action is exclusively seen through a lens of biomedical science, it can create a fabricated sense of homogeneity, erasing the complexity and multiplicity of human lives. Jenny Binovec's mother was diagnosed with manic depression, and she writes:

It can be so easy for someone to diagnose and link similarities, but each person's experience can differ. Family members will have different mental health experiences, even if diagnosed with the same condition. It's that really scary thing of thinking that people fit into nice, neat, understandable boxes, when human experience, even among families, is much more complex and richer and multifaceted and intricate and unique. (Binovec, 2022, personal communication)

Overwhelming Fears and a Redirection of Experience

There can be fears of psychiatric illness that loom so large they block out much of life. Powerful fears can overwhelm family members who have received a psychiatric diagnosis that they will "pass it on," and this fear can survive even in the face of psychiatric treatment "compliance," as Eva Bright Hart explains:

I used to freak out because I'm like, "Oh, my gosh, did I affect my kids because I had a flat affect from the meds? Did that affect my kids?" My husband and I have had lots of conversations about how I affect my kids because I was this or that, when I was complying with treatment. (Bright Hart, 2022, personal communication)

And people who have family members with a psychiatric diagnosis can experience powerful fears that they will have, or already have, the same diagnosis. The fear can "insist" that they

have an "illness" sitting inside of them, waiting, and generally needing to be located. The fear can press a person to do a "second guessing" or questioning of themselves, and bigger, varied stories of their life can become remote, as Binovec writes:

If someone thinks that mental illness will be inherited from their parent or family member, they spend their lives second guessing their actions, thoughts and words, looking for any hint of "craziness". They live their lives through the filtered lens of mental illness, second guessing themselves and questioning their experience in the world, rather than being able to experience all parts of being human. One is tainted with the paintbrush of mental illness and fearful of when it will emerge. Perhaps they bring mental illness into experience because it is so prominent in their lives and they are constantly looking for signs. It becomes the overwhelmingly dominant narrative rather than part of a bigger, more varied story. This is often reinforced by the comments and deduction of mental health professionals. (Binovec, 2022, personal communication)

In many cultures, often in the west, the job of locating a psychiatric illness is the responsibility of mental health experts, the "governors of the soul" as Nikolas Rose suggests (Rose 1999). There are other effects that branch out as a result of this obligation to pass responsibility onto mental health experts to locate psychiatric illness. There is a redirection of people from local or familial language, meanings and know-how for their experience and toward mental health experts, and *their* language, interpretations, and techniques.

The De-politicizing of Experience, The Management, and Then Competitiveness of Identity Projects

In mental health practice, a search for psychiatric genetics is yet another way that attention can be directed away from contexts that have shaped suffering and mental health difficulties. This can de-politicize experience, and therefore obscure the naming and addressing of violence, sexism, racism, homophobia, transphobia, and so on that may have shaped suffering and mental health difficulties. As a result, the location of the mental

health problem is within the bodies of the person, and their family members and ancestors, and they are more likely to blame themselves or be blamed for their experience. And this can lead to a “narrow, artificial field” of treatment, as Binovec suggests:

We direct the person inward to look at their own “failings” rather than taking a good hard look at the uncomfortable failings of the society that help create mental health conditions. In doing so, this limits treatment to such a narrow, artificial field. . . the focus is on “fixing” the individual, without taking into greater account their surrounding’s. (ibid.)

Binovec’s words clarify a further effect of mental health practice in this realm. When mental health workers and others introduce the search for psychiatric genetics into people’s lives, it can be yet another way they are then obligated to look inward and set another identity project to manage. This is an almost constant and tiring evaluation of the self that can achieve a diagnosis. Diagnosis is then, in neoliberal terms, a commodity that can buy you mental health support. Another description for this includes what the author has heard young people name: “*Anything you can feel I can feel sharper*: those times when I have to prove my mental health problems to others in order to get help or support. I then feel I have to be competitive with others” (Various authors, 2022, Dictionary of Obscure Experience, Unpublished, pp. 2–3).

Worry, Isolation, and Stress

If people are genetically linked to those who have been given a psychiatric diagnosis, they can worry about how the information will be used about those who they are linked to. This can lead people to downplay their distress, worry about how family members might be spoken about, and press people into silence around particular characters or experiences in their family history. And in turn, such experiences can isolate people from others, including treating mental health workers. Isolation turns cracks into chasms, creating stress. Yet, as Jenny Binovec writes of her own experience, stress and sadness can be seen as a way of

responding to the trauma of a family member with mental health issues, rather than as a mental health problem in and of itself:

Not being able to speak about experiences makes isolation and stress stronger, more powerful and more burdensome. There is always a fear that what you say will be thought of as “crazy” if you speak of your sadness and stress with a family member who experiences mental health issues. What you think or feel, if outside the scope of what is considered normal by society, will be interpreted as crazy. Perhaps, though, if people thought about it, the sadness and stress, could be seen as a way of responding to the trauma of a family member with mental health issues rather than mental health problems of the person. Perhaps the stress and sadness are in fact directly related to navigating a mental health system, and can be linked to a ‘normal’ response to challenges faced when having a family member with mental health issues, not “genetic craziness.” (ibid.)

Binovec writes of a particular twist to this effect, and it seems important to include, to evoke some of the complexity at play with these matters. She writes that psychiatric genetics may bring a certain closeness between family members in some circumstances, including when the family member has died:

. . . perhaps the genetic connection. . . also offers a closeness to family members, especially those who have died, a closeness around wanting shared experience of craziness as (weird) proof of connection and strong relationships. (ibid.)

Psychiatric genetics might sometimes bring people closer around their experience, to link them together via the concept of genetics. Although it is important to make room for complexity here, it is arguably much more common for there to be anguish and stress arising from worries and isolation about what it means to be genetically linked to someone with a psychiatric diagnosis.

Disconnection Between Family Members

People who arrive in the mental health system and who have family members with a psychiatric diagnosis can feel at odds with, disconnected from, or even blame those family members for

their experience. Such disconnection from, or blame of, family members can produce isolation between people who could have, in so many rich ways, some affinity. Binovec writes, “*I think it is hard to have affinity with family members with shared experiences with the current mental health system. There is so much weight on genetic loading and blame*” (ibid.).

Assessed Rather than Listened to and Letting People Down

Those trying to access mental health services, and who have family members who have had a psychiatric diagnosis, can experience a sense of not being listened to by mental health workers. Their experience can be assessed as fitting with, or not, the diagnoses of family members, rather than listened to as perhaps unique, complex, and not categorizable. At the very least, this is letting people down, as Binovec says: “*If we don’t listen to what people say, we are missing their humanness. We are missing connection and we are letting them down*” (ibid.).

Family Members As Deficit

Some family members can be seen as the deficit members of families, if they have received a psychiatric diagnosis and are linked to other family member’s struggles. And this can reduce these family members’ lives; their lives become secrets, lives to be ashamed of or treated with suspicion. And in turn, this can be a tragic dishonoring of these family members’ lives, or a hushed family narrative for family members who have been at the receiving end of a psychiatric diagnosis.

A further reach of this effect is that family members may assess themselves around criteria of robustness or weakness in relationship to a predetermined genetic destiny, as Binovec states:

There are family members who have “inherited” mental health problems, and those “who are strong and withstood their (loaded) predetermined genetics”. One can feel at odds with other siblings and family members – that they are strong and

successful and that the individual is failing and emotional, correlates directly to their weakness for insanity linked to their parents. (ibid.)

Under the influence of the concept of psychiatric genetics, family member’s lives can be dishonored, considered deficient, or simply left out of the picture. And under the influence of this concept, there can also be meanings that circulate around people’s strengths or weaknesses in negotiating such a genetic loading. This can contribute to people constructing weak or fragile identities.

Some Alternative Interpretations and Practices

Alternative understandings are available when the concept of psychiatric genetics is tempting families, mental health workers, and researchers. Below are three different possibilities: the influence of culture, the honoring of lived experience and refusal, as Nikolas Rose suggested in this chapter’s opening quote, of which Mad Studies is an increasingly powerful and widespread expression, and the honoring of family members and family histories where there have been mental health difficulties or psychiatric diagnosis.

Cultural Influence Around Psychiatric Genetics and Mental Health Problems

When considering the analysis of culture in the realm of psychiatric genetics and mental health distress, much can be considered. Below, cultural analysis will include the categories of psychiatric illness themselves, the concept of genetic markers, family, and the circumstances of life that can produce troubling mental health effects.

Culture finds its way into the constructed, specific categories of diagnosis in the Diagnostic Statistical Manual and International Classification of Diseases. Just one example would include the cultural shaping of the Borderline Personality Disorder (BPD) diagnosis as Bria Berger suggests, “*a BPD diagnosis is situated within the dominant*

Western discourse on identity, a conception of selfhood that values autonomy and goal-directed behavior" (Berger 2014, p. 3). Such a cultural understanding leads us to the notion that these psychiatric categories are culturally contingent, created, not discovered and therefore up for questioning.

Culture finds its way into "genetic markers" themselves, as TallBear asserts when considering an Indigenous and Feminist approach to DNA politics:

These molecular sequences, or "markers"—their patterns, mutations, deletions, and transcriptions that indicate genetic relationships and histories—have not been simply uncovered in human genomes; they have been conceived in ways shaped by key historical events and influential narratives. (TallBear 2013, pp. 4–5)

So, the conception and naming of genetic markers are historically contingent, both the names themselves and also in the application of these names. They are created, not discovered, and therefore also up for questioning.

Culture includes the family. In trying to locate the realm of genetic inheritance of psychiatric illness, researchers have attempted to bracket off the influence of the family in people's lives. An alternative can be to engage with, and to potentially honor the influence of family. Family culture can be enquired about, especially family ways that support survival and know-how in negotiating life's vicissitudes.

And culture can include income and food insecurity, abuse, racism, homophobia, misogyny, urban-based stress, colonization, and so on, as shaping of mental health problems. This can also incorporate what can be understood as neoliberal economic systems and discourses of obligation to work and consume. I appreciate Rose's (2019) following words exploring this influence:

The evidence supports the conclusion that much contemporary mental ill health in the Global north has its roots in increasingly unequal societies and in the rise of governmental strategies to reduce the size and scope of welfare provisions, to promote the idea that individuals thrive best when they are encouraged to improve themselves through work, and to maximise their quality of life through consumption. (Rose 2019, p. 52)

As Michael White suggests, expressions of culture can be implicated in mental health problems that are often unquestioningly understood as genetic or biological, such as psychosis:

Although it seems relatively easy for us to entertain the idea that much of what we think or believe, and much of what we do, is informed by culture, for some reason it seems rather more difficult to entertain the idea that psychotic phenomena are similarly informed; that regardless of aetiology, the content, form and expression of psychotic phenomena, such as auditory hallucinations, are shaped by culture. When it becomes less difficult to entertain this idea, it becomes possible to appreciate the extent to which culture is just as shaping of the lives of the people who have whatever it is that schizophrenia is. (White 1998, p.126)

Rather than spend time linking mental health distress to genetic inheritance, the idea of such experience being shaped by culture can light a path for conversations, where it would make sense to unmask such cultural influences, and attempt to settle some of their potentially toxic effects, or indeed engage with and honor their positive effects.

Honoring of Lived Experience

There are also options to honor the realizations, wisdoms, or "hard-won" knowledge, as Clifford Geertz has described it, that can come from living with and responding to mental health hardship. Such honoring can be extended to family members who have received a psychiatric diagnosis as well as those who are struggling with complex, distressing, or unusual experience. And the honoring can reach toward the ways these experiences bring a kind of convergence to relationships within families. As Jenny Binovec suggests, there is something remarkable in a connection with others who have "been there": "... *only one can truly know who has been there. All others are looking on and only guessing*" (Binovec, 2022, personal communication).

"Mad studies" has increasingly become an influential and respected epistemology. In the forward to the 2013 book *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad*

Studies, Brenda A LeFancois writes; “Mad Studies centres the knowledges of those deemed mad, bolstered on the periphery by the important relationships, work and support of allies...” (LeFancois 2013, p. v).

When there is a centering of knowledges of those deemed mad, of family members who have received a psychiatric diagnosis, curiosity can be directed toward the knowledge of those family members, and they can be honored. Isabella was admitted to the psychiatric unit where the author worked, and both her parents had mental health difficulties. The words below were spoken by Isabella to the author. They articulate the knowledge of what might be best titled as “already knowing,” an honoring rather than deficit-oriented influence:

They already know

Both my parents are already dealing with mental health difficulties so I don't have to explain myself that much, they already know. Over time we've developed things in our relationship. So, for example, my parents respect my personal boundaries a lot – like they know I don't like hugs, so they always ask me first. They also don't push me to do things if I don't feel up for it. This can be a good thing, as it can be so tiring to put on a fake front. They also don't push me to have conversations when I am feeling like shit. I feel like I have understanding and respect from them for what I need to do and for when I am feeling crap. Like, if I get picked up from work and they try and start a conversation and I say, “I am feeling like crap”, that's okay. I don't have to talk about everything. It's a relief (Swarz personal communication, 2021).

Yet, in this honoring, complexity will often weave its way. Below is Naomi's experience of her mother's depression. Naomi was admitted to the psychiatric unit where the author worked. She speaks of *actions* her mother took that *shaped* her own difficulties, not of a genetic *cause* for mental health problems:

I don't blame her for it, although it doesn't stop it from being annoying

My mum was really unwell when I was younger and dad was working. She got very stuck in her depression. She thought we were old enough to get up and organise ourselves. This was the start of my difficulties. I don't blame her for it, although it doesn't stop it from being annoying.

Honoring of Family Members and Family Histories: Family History As a Resource for Family and Individual Knowledge and Projects

Family members who have received a psychiatric diagnosis, together with the family history this can shape, can be understood as holding usable legacies, or as the family holding resources for collective knowledge. As Eva Bright Hart says, these legacies can be powerful, shaping tenacity:

I think connecting with my ancestors like my grandmothers, and realising, that my great-grandmother actually died in an asylum alone, separated from her children and my great grandfather. Her six children thought she had died earlier. . . . So I found out about her, and that she had milk fever, six children, did perfect needlework, could run like the wind and that they locked her up. Yeah, so I could be her, and I'm not, and I guess I draw on her strength and think, “Oh, I've got to be present, I've got to be present for our three children. Don't give up.” Women have so much wisdom, knowledge, skills and love. So that probably strengthens me; my mum's line; my great grandmother, my grandmothers, my mum, and my daughter even, you know? Like I think that is what my tenacity is about too, that this won't happen to our daughter. (Hart 2022)

Israeli narrative and family therapist Yael Gershoni uses this idea in her therapeutic work; ideas are collected from the histories of multiple generations within a family, and embedded in these histories are stories of “*how to deal with difficulties that bear resemblance to those confronted by the person*” she is meeting with (Gershoni 2017).

Summary

These three different conceptions of psychiatric genetics, not exhaustive, in many instances lead to a different construction of humanness, and to what can be understood as more livable lives. Livability can arrive when we see that the concepts we inherit – even concepts that claim scientific status – are historically contingent and can be questioned. Livability can arrive via sentiments

of honoring, rather than dishonoring: honoring of people's own language and meanings, of people's historical know-how around endurance, and living beyond endurance, in the face of intense hardship, of people's familial relationships, both those at the receiving end of psychiatric diagnoses and those who are not; honoring of the relational complexity of this realm; and honoring of the ways people maneuver around and protest meanings, language, and treatment in the domain of psychiatric power.

The concept of psychiatric genetics has a long history in the biological conception, scientific status, and practice of psychiatry. There are questions that can be asked of this concept, including questions of its scientific validity, as well as questions around the construction of humanness, or the conditions for identity, that it assembles. The consequences of this construction of humanness can lead to less livable lives. There are also histories of atrocity that the concept of psychiatric genetics has been utilized for, that need to be reckoned with. However, there are alternative interpretations and practices of such a concept that can indeed contribute to more livable lives, or lives where individual, familial, and collective knowledge is imagined, reached out to, and creatively honored.

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