



Philosophy of Psychiatry



Newsletter 45 Summer 2018

Editors: Dr Abdi Sanati (Consultant Psychiatrist, East London NHS Foundation Trust) & Dr Steve Ramplin (Consultant Forensic Psychiatrist, The Priory Group)

Introduction

We open this edition of our newsletter with an apology. Namely, that we skipped our late 2017 issue. In part, it was because last year was a busy time for the Philosophy Special Interest Group, with a successful autumn conference about the philosophical issues associated with the use of psychedelic drugs. Building on this, we are now preparing for our next event, in autumn 2019. In the meantime, we aim to continue to deliver the latest news from the world of philosophy of psychiatry – publications, forthcoming conferences and conference reviews. Also, a reminder: we very much welcome manuscripts, including from trainees and medical students – indeed, we have an article by a 4th year medical student from Newcastle University in this issue. Finally, it is with sorrow that we note the passing of Professor Eric Matthews (pictured above right), whose life and work is commemorated below.

Professor Eric Matthews: An Appreciation

It was with great sadness that we learned of the death on 16 December 2017 of Professor Eric Matthews. Eric was a much-valued member of the committee of the Philosophy Special Interest Group almost from its inception to his retirement in 2010. He also served on the scientific committees of many of the conferences organised by the International Network for Philosophy and Psychiatry.

Born in Liverpool in 1936, in the late 1950s / early 1960s Eric studied philosophy in Oxford. As a postgraduate there, he was supervised by Gilbert Ryle and A.J. Ayer. He moved to the University of Aberdeen in 1963, remaining there for most of his subsequent career. He was appointed to a Personal Chair of Philosophy in 1996. After retirement in 2002, he was appointed Emeritus Professor of Philosophy and Honorary Research Professor of Medical and Psychiatric Ethics. Until the end of his life, he regularly contributed to the postgraduate psychiatry teaching programme in Aberdeen.

Eric's research focused on two areas. The first of these was the philosophy and ethics of medicine and psychiatry. The second was modern French philosophy. He published extensively in both. He was the author of two books on French philosophy: *Twentieth Century French Philosophy*, published by OUP in 1996, and *The Philosophy of Merleau-Ponty*, published by Acumen Publishing in 2002. Notable publications in philosophy of psychiatry included *Body-subjects and Disordered Minds*, published by OUP in 2007, and numerous book chapters and papers on subjects such as the nature of mental illness, personal identity and the philosophical understanding of schizophrenia. His two interests came together in papers such as 'Merleau-Ponty's Body-Subject and Psychiatry', published in the journal *International Review of Psychiatry* in 2004. His writing style was a model of clarity and elegance. He continued researching and writing until his final illness.

Eric also had wider interests in medical ethics and philosophy. He was a member of a research group funded by the Wellcome Trust on communicating genetic information. He co-directed an inter-disciplinary research project on ethical and policy issues in relation to ageing. This led to an influential report published by the Nuffield Trust. Along with Paul Guyer, he was responsible for a new translation of Kant's *Critique of the Power of Judgment*, published in 2000 by Cambridge University Press.

Eric was a gentle, kindly and engaging man. He felt very strongly about the need to uphold the dignity and rights of people with mental illnesses. He was an excellent mentor and supervisor. He was devoted to his family and leaves his wife, Hellen, and two sons, Philip and Stephen.

A conference was held in Aberdeen in 2011 to mark Eric's retirement from the committee of the Philosophy SIG. Its theme was 'Mental Health and the Human Good'. A conference in his honour will be held at Aberdeen University on Thursday 20th December 2018, a programme for which will be circulated soon.

Dr John Callender (Consultant Psychiatrist, Honorary Senior Lecturer, University of Aberdeen)

Flipping the Ward Round: Patient-Centred Practice in Psychiatry

A well-trodden critique of analytical subjects like philosophy is that they offer academics a self-indulgent excuse to theorise and debate *ad infinitum*, without making any concrete contribution to practice. During a student placement which interposed readings on philosophy of psychiatry with practical experience on a high dependency ward, I was motivated to consider how philosophical insights can be applied to improve doctor-patient relationships and care.

One particular area of philosophy which has in fact shaped today's model of best practice is the distinction between facts and values, and the development of values-based practice (VBP). Fundamental to VBP is a patient-centred, non-paternalistic approach. This is conceptually attractive; however the structure of psychiatry means that much is stacked against truly patient-centred care. This article will discuss these challenges and consider how structural change can facilitate values-based practice.

Non-paternalistic approaches are essential to VBP because it acknowledges that all healthcare decisions involve diverse and sometimes conflicting values with their own inherent rationale. VBP aims to respect this diversity, to "stop endorsing some values and excluding others" (Fulford & Woodbridge, 2005). A major barrier to this is the historically hierarchical structure of medicine, which gives precedence to doctors' values over patients', as well as the rest of the MDT. In no other speciality is this power dynamic more prominent than inpatient psychiatry, where patients don't always agree that they are unwell or need treatment, and a one-hour assessment led by a doctor can lead to them being held against their will. With these first encounters framing the doctor-patient relationship in psychiatric care, we have to work even harder to redress the balance of power and to demonstrate to patients that their voices are welcomed in decision-making.

Fulford and Woodbridge assert that attention to the language we use raises awareness of our inherent values, which is the first step towards good process in VBP. The everyday technical language used in psychiatry reinforces the authority of the psychiatrist. For example, in the Mental State Examination assessment of mood, the psychiatrists' perspective comes under the heading 'objective', contrasted with the patients' 'subjective' expression. This disguises psychiatrists' own subjective perceptions with a veil of scientific objectivity. Similarly, in assessing 'insight', we are asking whether patients' own perceptions of their illness and necessary treatment match up with ours. It is not standard practice to ask whether *we* have enough insight into *their* experiences. To the outsider, these features could appear strange. Surely the patient's subjective experience is the only true representation of their mental illness?

Furthermore, as Rosenhan (1973) and Coleman (2018) highlight, resistance to treatment or diagnosis can strengthen psychiatrists' assertions that patients are unwell; 'compliance' is in danger of becoming synonymous with 'recovery'. If we don't allow patients to participate in defining what it means to be well, we can end up treating their illness so that society and services are able to manage its presentation, rather than working to ensure that 'recovery' also aligns with patients' own values.

To aid in the practice of values-based medicine, embedded hierarchies must be challenged. During my placement, the ward on which I was based flipped its ward round, and in so-doing, enabled patients to engage more directly with their care and recovery. The following elucidates some expectations and observations, demonstrating how preconceptions should not function as barriers to change, because they can easily be mistaken.

The ward round, chaired and recorded by the consultant psychiatrist, originally allowed for a short MDT discussion about each patient before they were invited into the meeting to participate. In flipping the ward round, the MDT proposed to patients that they come in at the beginning of their slot and listen to the whole team discussion. This was well-received by patients when they were consulted about it in the ward community meeting. However, there were some reservations from staff, including:

- Concerns about whether this method would elongate an already squeezed schedule;
- Concerns that staff differences in opinion would be problematic if discussed openly in front of patients, potentially portraying a lack of team unity;
- Uncertainty about the ability of patients to tolerate longer meetings and to confront difficult topics.

These were countered by possible benefits of the intervention, as perceived by the MDT:

- It seemed more patient-centred for patients to be present throughout discussion;
- Transparency: "if you can't say it to their face you shouldn't be saying it at all";
- Spirit of recovery: handing over control of recovery to the patient.

Two weeks of observing the flipped ward structure revealed some unexpected outcomes. This method in fact prevented repetition of the MDT discussion, which was presented by each member of the team to the patient as feedback on their progress, as opposed to the team making an assessment of the patient before they were present in the room, and then repeating some of this in front of the patient. Conversations around wheelchairs or physical health appointments, which would normally have happened within the MDT, instead occurred in front of patients, giving them more insight into how the team works for them even when its members are away from the ward. All patients, even those the team least expected to, tolerated being present for the entire MDT discussion.

The most interesting outcome of this new structure was the patient's engagement with the GAF (Global Assessment of Functioning) scale, which had previously been decided by the MDT alone, to be added to a graph each fortnight as a representation of progress. Now that patients were present for the entire ward round, their perception of their own GAF score was included in the team discussion. Listening to patients engage directly with their current stage of illness gave the team a representation of patients' insight which naturally incorporated their values for recovery. In reacting to the GAF, patients spontaneously reflected on where they were now in relation to past experiences and future goals. Being able to see their mental health journey charted on a graph appeared therapeutic and motivating.

To flip around another term normally directed at patients, it is not only they who can become institutionalised. It is easy to get into the habit of doing something one way without questioning it, because that's how it's always been done. The implementation of this change to the ward round and its impact over just a few weeks demonstrates how small and easily applied changes can influence doctor-patient relationships in psychiatry. Patient-centredness isn't just an ideology, an attitude, or a communication method; it has to be inherent in the process of care and recovery. If we work on changing the structure of doctor-patient encounters to foster patient involvement in care, and flip the power dynamic to demonstrate that patient voices are valued, patient-centred care will naturally follow.

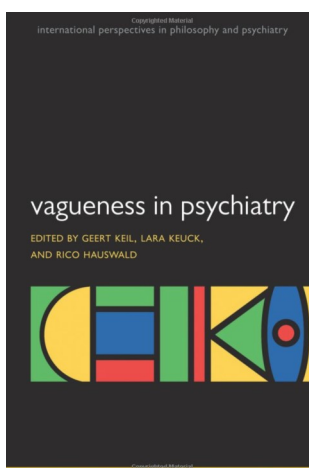
Emily Parker (4th Year Medical Student, University of Newcastle Upon Tyne)

Bibliography

- Coleman, R., 2018. *Recovery: An Alien Concept?* (Eleanor Longden, ed.) CreateSpace Independent Publishing Platform
- Fulford, KWM & Woodbridge, K., 2004. *Whose Values? A Workbook for Values-Based Practice in Mental Health Care*. Sainsbury Centre for Mental Health
- Rosenhan, D. L., 1973 "On Being Sane in Insane Places" *Science*. 179(4070):250-8

Book Reviews

Vagueness in Psychiatry, Edited by Greet Keil, Lara Keuck & Rico Hauswald, IPPP, 2017



A few years ago, while listening to a podcast by Tim Williamson on vagueness, I wondered why the concept had not been discussed in more detail in philosophy of psychiatry. As the saying goes, good things come to those who wait, and to my joy I found this an amazing book. The editors have done a sterling job in collecting a variety of essays from relevant experts. The book is in four parts. After an informative and clear overview on vagueness, there are sections on health and disease as a matter of degree; vagueness in classification and diagnosis; and social, moral and legal implications. I especially found the first two sections interesting, with their focus on the concept of illness as sortically and combinatorially vague (the difference between the two is explained more than once in the book). Particularly interesting, the vagueness of the disease concept is considered. There are good arguments that the diagnostic vagueness we face is not exclusive to psychiatry, but a semantic characteristic of the concept of disease in general, and not the consequence of an epistemic deficiency, i.e. it gaining more knowledge about the concept won't fix it.

The book reminds us how much the concept of vagueness can contribute to the debates with regards to validity of psychiatric diagnoses. I only wish they would have discussed more about strategies in dealing with vagueness, such as works in fuzzy logic or Williamson's influence in this area. Nevertheless the book is very readable, informative and highly recommended for both philosophers and practitioners.

Dr Abdi Sanati (Consultant Psychiatrist, East London NHS Foundation Trust)

Paul Bloom: *Against Empathy. The case for rational compassion*. Vintage-Penguin Random House Group London, 2018, first published in the United States by Ecco, New York, 2016

Against Empathy is a catching title.

"An invigorating, relevant and often very funny re-evaluation of . . . one of our culture's most ubiquitous sacred cows." —*New York Times*

AGAINST EMPATHY

The Case for Rational Compassion



PAUL BLOOM

Author of *How Pleasure Works* and *Just Babies*
Copyrighted Material

Bloom indeed argued in this book that empathy should not guide our decisions. However, he uses a very narrow definition of empathy, namely feeling or experiencing yourself what you think the other is feeling. Bloom distinguishes empathy from being kind, or compassionate and he repeatedly stated in the book that humans should be kind and compassionate, hence his view is far less provocative than the title of the book suggests.

According to Bloom humans will make bad decisions if they are guided by empathy. One tends to feel more empathy for people who are similar to oneself. Hence, white people will feel more empathy for white people and this experience should not guide their actions. Another reason is that empathy can make people feel upset and then they might go away instead of doing something about situation. He refers to a statement of a somebody living next to a concentration camp in Nazi Germany. She wanted the concentration camp to be moved because then the torturing would not disturb her. The author gives many other examples in his book as well which all illustrate that empathy was not helpful in making the best decision. Empathy has a narrow focus causing the 'identifiable victim effect'. If there are pictures of a very sick child in the media asking the general public to fund a special treatment, people tend to be willing to donate money. However, the same people will protest, if taxes are going

to be increased to fund a better children's hospital, which will actually save more children.

Bloom also discusses Kravinsky, who gave his five-million-dollar fortune to charity and on top of that also donated one of his kidneys to a stranger. However, he was—according to Bloom—not motivated by empathy but by calculations. The chance of him becoming unwell after removing his kidney were small, while somebody else would benefit enormously from the kidney. Given Kravinsky's actions and his lack of empathy, empathy is not necessary to be good person. Bloom does not want to exclude that some form of empathy might be necessary for young children to develop moral behaviour, but according to him there is simply not enough evidence for this at the moment. Adults should not be guided by empathy, according to Bloom.

Empathy is an essential learning objective for medical students according to the American Association of Medical Colleges (and also the General Medical Council) and Bloom is not arguing against this, but he does state that the American Association of Medical Colleges should make it clear that it is referring to a broad concept of empathy, not to the concept Bloom uses in the book. Empirical evidence suggests that empathy declines during medical school and it is currently not clear whether medical students become less compassionate or whether they become less overwhelmed by what they see and experience. The latter would not be a bad thing. Bloom argued—using the experience of his uncle as example—that patients want doctors who are calm and who can make good decisions, not doctors who are overwhelmed by emotions. On the other hand, I was wondering whether the identifiable victim effect could also be motivating for doctors to do the best job they can, although this is not discussed by Bloom.

Bloom is a psychologist and he mainly discussed case studies, stories and empirical evidence, all of which suggesting that important decisions in life and certainly in politics should be made after conscious deliberate reasoning. The author also refers to philosophers, especially Adam Smith who—in developing a theory about moral sentiments—claimed that superior reasoning and understanding and self-command were the most useful qualities a person can have.

The book is well written and easy to read. The author has explained his scientific ideas in a book which can also be understood by the general public. This is quite an achievement. However, it is a problem that Bloom does not always give references for his claims when referring to empirical studies. His examples are a mixture of case descriptions and empirical studies and he does not discuss that case studies carry different evidential weight. He also does not address the problem that people sometimes have to make quick decisions and conscious deliberation is time consuming hence not always possible and the question is whether empathy even in Bloom's narrow sense cannot be a guidance for decisions, if one does not have the time to think carefully about all

Dr Dieneke Hubbeling (Consultant Psychiatrist Wandsworth Crisis and Home Treatment Team)

Conference Reviews

Review of Philosophy SIG Biennial Conference—October 2017—Philosophical issues in Psychedelic Drug Misuse

'What does a psychiatrist who is interested in philosophy look like?' This question was posed by one international speaker at the recent faculty meeting, during a session that had covered 'anecdotal' experience of a psychedelic odyssey and Foucauldian discourse analysis in relation to the concept of the 'Psychonaut' as an explorer of consciousness. The question came back to me during a meeting with a colleague where I mentioned the conference—'What are those sessions like?' they asked: 'Is it just a place for weird people to go and be weird...'

My response was that, to me, this had been a warm, friendly, space where 'thoughtful' people, from a range of backgrounds, had come together in conversation. And what a conversation! The first keynote, by Dr Carhart-Harris, set the scene—introducing us (gently) to the pharmacology of psychedelics, their history and more recent claims with regard to their possible clinical use. Ensuing parallel streams offered a choice of neuroimaging studies, epistemological and phenomenological explorations or discussions on the therapeutic uses of psychedelics, or their equivalents—including one talk that encompassed Plato's cave, Jungian archetypes and rebirth through holotropic breath work; sadly, with no time for a workshop demonstration.

Prof Griffiths opened our second day with an overview of the mystic experiences and perceived spiritual 'benefit' experience identified by participants in on-going work in the USA. The day continued in parallel sessions considering legal and historical aspects relating to psychedelic use—including a provocative presentation on the moral 'obligation' for psychedelic use.

After lunch, we came back together for a lively panel discussion, with audience contribution, considering the claim that psychedelics had done nothing to enhance artistic endeavour. Finally, we closed with an opportunity to watch a short film presentation on the science of psychedelics and current research taking place around the World.

Any meeting can only be as stimulating as its attendees and thankfully this session did not disappoint on this count—drawing psychiatrists, philosophers and medical students, with some exciting presentations from medical students raising hopes for the future of the field.

Once more, a thoroughly enjoyable, well organised and stimulating conference which I left feeling intellectually 'full' but relaxed. I hope to be able to meet old and new friends again in two years.

Dr Andrew Shepherd (Clinical Lecturer, University of Manchester; Higher Trainee Forensic Psychiatry, NW Deanery)

Review of 19th International Conference on Philosophy and Psychiatry, Madrid.

The 19th International Conference on Philosophy and Psychiatry took place in Madrid in November 2017. The speakers included some of the most influential scholars in the field, including Giovanni Stanghellini, Bill Fulford, John Sadler, Peter Zachar, Matthew Broome, and Louis Sass. With such a line up, what could go wrong! Professor Stanghellini spoke on the mental health clinician as a globally minded citizen. He then linked this to how humanities can contribute to psychiatric training using the concept of *bildung*, i.e. cultivating oneself, and being an active participant. Professor Fulford's talk highlighted the historical background of the discipline of philosophy of psychiatry. I enjoyed comments on the contribution of Aubrey Lewis to classification. There was a session on the Examination of Anomalous World Experience in schizophrenia, mania and melancholia, which is based on the experience of patients. Another session was allocated to value-based practice, where Professor Fulford argued for the use of values in applying neuroscientific research to clinical practice. Value philosophy, according to Fulford, is one of the most effective ways of combining philosophy and science, and can make a significant contribution to translational research in psychopathology. I also especially enjoyed Professor Robyn Bluhm's talk on what philosophy of neuroscience can do for psychiatric research. Starting from the current optimism about neuroscience and psychiatry, she argued that given the difficulties there have been integrating neuroscience and psychology and that we lack the right cognitive ontology such optimism is misguided. There was also an excellent presentation by Professor Ginger Hoffman on conceptual justifications of mad pride. Hoffman used the term 'mentally different' instead of mentally ill (one of the audience later mentioned neurodiversity).

Unfortunately, the conference was let down by poor scheduling. Rather than alternating keynotes speeches with parallel sessions, keynotes speakers delivered their lectures in one auditorium, with a second allocated to talks by mainly young relatively unknown international speakers. Perhaps unsurprisingly, most delegates attended the former. Yet the talks in the second auditorium, while badly chaired (timekeeping was not optimal), were of good quality; there were lectures on Ekblom's syndrome, applying Heidegger's philosophy to neuroscience and psychiatry, passivity phenomena and unity of self, and the dialectical approach to insight in schizophrenia. I hope next year in Hong Kong such speakers receive a wider audience, as they are the future.

Dr Abdi Sanati (Consultant Psychiatrist, East London NHS Foundation Trust)

Time, the Body, and the Other Phenomenological and Psychopathological Approaches

13th – 15th September 2018 in Heidelberg



Welcome Keynote Speakers Program Reception Conference Dinner Registration Location Contact

Welcome

Dear colleagues,

This conference aims at exploring and discussing the intertwinement of *temporality*, *embodiment* and *intersubjectivity* from phenomenological and psychopathological approaches.

Explorations of the phenomenology of time have most often been accomplished from the first-person perspective of consciousness (Husserl) or existential philosophy (Heidegger). There exists, however, significant work on bodily subjectivity, intercorporeality and their temporal dimension as, for instance, by Maurice-Merleau-Ponty or Michel Henry. Nevertheless, a fundamental investigation into the constitutive interrelationship of bodily existence, its temporal dynamics and its interpersonal embeddedness is still a desideratum. It is the target of the conference to explore these dimensions by means of phenomenological and psychopathological methods.

On this background, the conference will pursue the following questions:

- How can we explicate the constitution of temporality, the lived body and its intercorporeal embeddedness with phenomenological and psychopathological approaches and research tools?
- What can phenomenological and psychopathological explorations reveal about the essential structure of human consciousness, its embodied characteristics and the co-constitution of the human-world relationship?
- Which insights do we gain for the understanding of psychiatric disorders by investigating the intertwinement of time, the body and intersubjectivity?

The conference is organized by the research group of the Marsilius-Kolleg „*Embodiment as a Paradigm for an Evolutionary Cultural Anthropology*“, the *Deutsche Gesellschaft für phänomenologische Anthropologie, Psychiatrie und Psychotherapie* (German Society of Phenomenological Anthropology, Psychiatry and Psychotherapy (DGAP) and the *Forschungsstätte der evangelischen Studiengemeinschaft* (FEST)).

We would be glad to welcome you at Heidelberg University and hope you will enjoy the multidisciplinary approach to the topic as well as the beautiful atmosphere of autumn in Heidelberg.

Warm welcome to all of you,

Thomas Fuchs

Prof. Dr. Dr. Thomas Fuchs,
Heidelberg

Magnus Schlette

PD Dr. Magnus Schlette,
Heidelberg

Christian Tewes

PD Dr. Christian Tewes,
Heidelberg

[Click here for the conference website](#)

SAVE THE DATE

INTERNATIONAL NETWORK FOR PHILOSOPHY AND PSYCHIATRY 20TH ANNUAL CONFERENCE

HISTORY, PHILOSOPHY AND ETHICS OF PSYCHIATRY: THE STATE OF PLAY IN THE 21ST CENTURY

HONG KONG. 4-6 OCTOBER 2018

Hosted by the Royal Australian and New Zealand College of Psychiatrists.
For further information or to register your interest contact: inpp2018@ranzcp.org




AA
PP




The Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Section of History, Philosophy and Ethics of Psychiatry is pleased to announce their appointment as host of the International Network for Philosophy and Psychiatry 20th Annual Conference, which is being held in South East Asia for the first time this year. The conference will take place at the Hong Kong Academy of Medicine, Hong Kong from Thursday 4— Saturday 6 October 2018 and the theme is History Philosophy and Ethics of Psychiatry: The State of Play in the 21st Century. This is an excellent opportunity to network with colleagues, update your professional knowledge & experience all Hong Kong has to offer.

[Click here for details](#)



Home About Program CFA Committees Registration Events Partners Contacts

OPEN DIALOGUE
& REFLECTIVE PROCESSES
IN MENTAL HEALTH

**3rd International
Mental Health
Meeting**

working with families,
communities and networks

EXPERIENCE/19, 20, 21 nov
MEETING/24 nov
2018 / LISBON

ABOUT

Rómão de Sousa Foundation, in collaboration with NOVA Institute of Philosophy (FILNOVA), is delighted to present the Third International Mental Health Meeting of Rómão de Sousa Foundation on the 24th of November 2018 and Associated Events:

- 19th, 20th and 21st of November 2018 (LEE – Living Learning Experience)
- 22nd of November 2018 (Workshops)
- 24th of November 2018 (Mental Health Meeting)

[Click here for details](#)

Karl Jaspers Award 2018

The Association for the Advancement of Philosophy and Psychiatry (AAPP) announces a competition for residents and fellows in psychiatry, graduate students and post-doctoral students in philosophy, psychology, or related fields. The Karl Jaspers Award is given for the best unpublished paper related to the subject of philosophy and psychiatry. For details click on <https://philosophyandpsychiatry.org/jaspers-award/>. The deadline for entries is 15 December 2018.

Please send us your articles, book reviews and conference reviews!

We are always delighted to receive contributions and particularly welcome book and conference reviews and philosophical articles. Please send material to Dr Abdi Sanati (abstraxion@hotmail.com) or Dr Steve Ramplin (SteveRamplin@prioritygroup.com) by the end of November 2018.