Introduction

As we present this latest issue of the Philosophy Special Interest Group’s Newsletter, we reflect on the fact that 2015 was a very good year for Philosophy of Psychiatry. We had the Royal College of Psychiatry's Philosophy Special Interest Group’s conference in September and then the INPP annual conference in Chile—reports on both can be found within. We also saw new books published in the International Perspective in Philosophy of Psychiatry series and our membership grew. The future for philosophy of psychiatry certainly looks bright.

Philosophy of psychiatry has always had an ethical dimension. Nowhere is this more evident than in coercion. Here, philosophy of psychiatry has an interface with the law and for us it is clear that philosophy has a lot to offer when it comes to mental health legislations. Recently, one of us came across the Convention for the Rights of Persons with Disability (CRPD). The CRPD was adopted by the United Nations and the United Kingdom is a signatory. Given what is endorsed in the CRPD, it can be argued that it is incompatible with the Mental Health Act in England and Wales. Although the Convention is not legally binding, we will definitely hear more about it. We have a summary of it prepared by Dr Sanjay Khurmi, Chair of the RCPsych Human Rights Committee. There is also half a day conference on this topic on 10 March 2016—definitely a date for the diary.

The Convention on the Rights of Persons with Disabilities (CRPD)
Implications for psychiatrists and Mental health law

Q - What is the CRPD?
A - The CRPD was adopted by the United Nations 2006. It came into effect in 2008. Its aim is to eliminate discrimination against persons with disabilities so that they enjoy full equality under the law. The CRPD challenges long held beliefs about disability and how it should be treated in the eyes of the law and society as a whole. The UK signed and ratified the convention in 2009 (Ratification means that the State has made a commitment to take legislative, administrative, adjudicative, and programmatic measures to implement the provisions of the convention. The CRPD, however, is not legally binding in the UK until it is incorporated into domestic law). The UK also ratified an ‘optional protocol’ meaning that individuals with disabilities or a group of persons with disabilities can directly complain to the UN in the case of violation of their human rights by the state, after having exhausted remedies at the national level.

Q - What is the aim of the CRPD?
A - Article 1 The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The inherent principles of CRPD are thus of non-discrimination, equal opportunities and promotion of autonomy. The CRPD takes on a social model of disability as opposed to a medical one. The medical model of disability suggests fixing the disability will allow the individual to function like everyone else. The social model places emphasis on overcoming barriers produced by environments, attitudes, laws and policies.
Q - Does the definition of disability include those with mental illnesses?
A - People with long term mental illnesses are included; whether those with short term illnesses is still up for debate.

Q - What is its governance structure?
A – The United Nations has a designated Committee to oversee the CRPD. Participating states have to periodically report to the committee. Ratification of the optional protocol by the UK also means that individuals can complain directly to the Committee. The Committee also periodically may make interpretations of the meaning of particular Articles of the Convention.

Q- What is the CRPD's legal relationship to UK?
A - It is not legally binding on UK courts like the European Convention of Human Rights but it can be used by domestic courts as a reference literature.

Q - What are the specific provisions of the CRPD relevant to psychiatry? And their potential implications?
A - Article 14 (1)b - the existence of a disability shall in no case justify a deprivation of liberty
The mental health act may be deemed incompatible with the CRPD as deprivation of liberty is based on a disability (mental illness). To be non-discriminatory, a law must be ‘disability-neutral’.

Article 12 'persons shall enjoy legal capacity on an equal basis with others in all aspects of life'
Substitute decision-making, according to the Committee, needs to be replaced by supported decision-making. Guardianship orders would be deemed incompatible.

12(4)- requirement for safeguards that 'shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person'
This could mean that the current English Mental Capacity Act is not compatible with the CRPD because of the objective element of the best interests assessment.

Article 17 'right to respect for physical and mental integrity on an equal basis with others'
Involuntary treatment under the mental health act may be deemed non-compatible with the CRPD

What are the potential implications on UK mental health legislation?
A - If detention as in the case of UK legislation is linked to a disability (mental illness) as in the Mental Health Act 1983 (and amended in 2007) it is almost certain to be judged incompatible with the CRPD when reviewed by the UN Committee. The CRPD may also have similar implications for capacity based laws such as the Mental Capacity Act 2005 (see Essex autonomy project)

If the mental health laws are deemed incompatible with the CRPD, is the government obliged to change it?
A–Not immediately, but the UK has ratified the CRPD and this may have serious implications for the future development of mental health legislation.

References:
http://www.un.org/disabilities/convention/conventionfull.shtml - The UN CRPD
http://autonomy.essex.ac.uk/uncrpd-report - The Mental Capacity Act and the CRPD
The task of distinguishing religious delusions from non-delusional religious ideas can be daunting, especially when the religious idea is held with fanatical intensity and is somewhat different from mainstream religious ideas. The same can be said of other ideas, such as political ones. What makes such ideas more difficult is that they involve ideas that cannot be empirically proven to be false, i.e. truth and falsity hardly applies to them. This problem was identified by Jaspers and was also used by Spitzer to question the falsity criterion for delusions. Kraupl-Taylor used the concept of idiosyncrasy to discriminate between the two. The debate continues and Professor George Graham's latest book makes a valuable contribution to the debate. It is very well written, at times reading like a work of literature. It is not long and its arguments are accessible to people with no special training in philosophy. It is humane and empathetic to both patients and the professionals who have to care for them. It has several vignettes that make it more clinically relevant. The main case study, apparent from the title, is the story of Abraham and his son Isaac.

The book has several strengths. Whilst the focus is on Abrahamic religions, it does not omit the non-Abrahamic religions such as Buddhism and Hinduism. This is especially relevant given the fact that hundreds of millions of people practice the latter two. It also does not assume that in order to understand religions one should have religious beliefs oneself. A non-religious person can also be spiritual and be able to connect with religious patients. Another positive point is that the book does not promote any particular worldview, religious or otherwise. I certainly did not feel preached at while reading it. Taking the reader through a person’s journey in acquiring religious beliefs, the book puts the emphasis on empathising with the person in a holistic way. There is also a chapter on therapies for religious delusions, which professionals interested in psychotherapy will find useful.

I was interested to see what arguments the book uses to set apart religious delusions from non-delusional religious ideas. The main argument offered is a consequentialist one. Here a Five Factor Conception of religious delusions (FFC) is offered. One of the necessary conditions is in fact “Harmful Consequences of Unwarranted Sorts”. I think this is the main thrust of the FFC, as I find it hard to see how the other four could distinguish fanatical religious ideas from delusions. For instance, there is evidence that delusions have more personal over-engagement (Jones E & Watson R. 1997. Delusion, the overvalued idea and religious beliefs: a comparative analysis of their characteristics. B J Psych. 170:381-386), but there is also overlap between them.

In practice, consequentialist views can be extremely useful but I always feel dissatisfied with them. I remember in one debate my colleague Dr Mohammed Rashed argued that consequentialism does not solve any problems but simply ducks the interesting questions; it wants to establish right or wrong on the basis of outcomes, but then leaves us with several visions of what a good outcome might be without a foothold from where to judge these diverse outcomes. I partly agree with that sentiment, although I am mindful that many readers disagree with me. I have to add there is much more to the book than consequentialism. I especially found the use of morality in demarcating delusions and religious ideas interesting. This was a bold move and I think it paid off at the end as the argument was well made. It is also a guide to spirituality in mental health (a very good one) and can be a great help for all psychiatrists in helping patients.

I think the book is an excellent addition to the literature of delusions, and also psychiatry and spirituality. I highly recommend it.

Reviewed by Dr Abdi Sanati, Consultant Psychiatrist, North East London NHS Foundation Trust
Conference Reviews

Third UK Conference on Philosophy and Psychiatry: Moral & legal responsibility in the age of neuroscience

I was asked to write a review of this meeting after I was spotted ‘taking notes’; often, sadly, in my case frantic writing does not necessarily indicate deep understanding, so it is with some trepidation that I offer my reflections.

Proceedings kicked off with a stirring call from Professor Bill Fulford. His introductory remarks related to the state of Philosophy and Psychiatry and its position as an academic discipline (evidently hale and hearty). Next up, John Callender gave an overview of his thoughts about ‘Free Will in the Era of Neuroscience’ - he called for the recognition of ‘Lived Art’ (as opposed to ‘High Art’) and its interplay with the concepts of free will and moral value in the development of a moral sense of identity. When the conference divided into parallel streams, I listened to an engaging debate on the interaction between Secularism and Spirituality in psychiatric practice. Clearly, what we saw was only a snapshot of a long running discourse between varying positions - but it was certainly enlivening. We were led to lunch by Lieke Asma, who laid out a framework for considering the complex interface between mental distress and the law. For me, the afternoon began on a more clinical note, as I attended a workshop on ethical dilemmas in relation to violence and mental disorder in prison. This was a re-run of a similar talk I had attended earlier in the year at the forensic faculty conference - but it coped well with repeated listening and prompted further reflection. Day one closed with an interesting dialogue between Sarah Majid, who discussed her work in the assessment of parental responsibility from a psychotherapeutic framework, and John Callender, who returned to the theme of Free Will and Moral Responsibility. He argued for the consideration of psychotherapy as an application of applied ethics.

Day two opened with Michael Kopelman’s keynote lecture, in which he provided a succinct overview and discussion of various forms of diminished capacity, automatism and amnesia in relation to offending behaviour. For me this discussion continued, as I then attended a session discussing possible reform of Insanity and Automatism defences in English Law, followed by a discussion about the overlap between folk psychology and the automatism defence as it relates to sleep walking. After a break, Alexandra Getz and I discussed our research and experience of working with individuals with a personality disorder diagnosis and access to care within secure settings. Lunch gave me an opportunity to break open a new Moleskin (other notebooks are available) for more frantic scribbling, as Jill Peay from LSE gave the third keynote lecture of the conference, in which she considered problems in relation to the sentencing of mentally disordered offenders.

When the conference split again, I attended the session on personality disorder and responsibility. This opened with a presentation by Luca Malatesti, in which he explored whether psychopathic offenders can be held responsible for their crimes. In a similar vein, Gloria Ayob and Steve Ramplin presented opposing arguments about the consideration of antisocial personality disorder and moral autonomy. The personality disorder theme continued in the final session, when Clodagh Commane gave a commentary on a series of cases in which the diagnosis of personality disorder had been considered by the courts. This was followed by Sanja Dembic's thorough dissection of the required conditions for legal responsibility and how these could interact with a personality disorder diagnosis.

Day three opened with a different theme, as we began to consider the interplay between psychiatry and the political concept of radicalisation. In his inimitable style, Raj Persaud introduced a remarkable discussion between Maajid Nawaz and Tazeen Ahmad, which set the context for the rest of the day. Alexandru Popescu then provided us with an historical framework about the implications of psychiatry’s role within the ‘re-education’ programmes of Communist regimes. The conference closed with a panel discussion relating to the interplay between psychiatry, mental distress and the ‘prevention’ of radicalisation. This bold and thought provoking debate was somewhat challenging titled - ‘A Cure for Terror?’

For me, the biannual meetings of the Philosophy of Psychiatry SIG have always been something of a treat - an opportunity to discuss some of the fascinating underpinnings of psychiatric practice with a group of interesting people from a range of backgrounds, a luxury that is seldom available on the front line of clinical practice. Lively discussion, fascinating perspectives and challenging material - my thanks to the organisers for such a rewarding three day meeting.

Reviewed by Dr Andrew Shepherd, Consultant Forensic Psychiatrist, Greater Manchester West Mental Health NHS Foundation Trust
I recently attended, and presented work at, the 17th International Conference on Philosophy, Psychiatry and Psychology, held in Frutillar, Chile, on 29, 30 and 31 October 2015. Frutillar is a city placed on the banks of lake Llanquihue, in the Los Lagos region of Southern Chile. It is hard to think about this conference without being caught by the memory of viewing the volcano Osorno, which looms imposingly over the lake. The Conference was organised by the Centro de Estudios de Fenomenología y Psiquiatría, Universidad Diego Portales, Santiago, Chile, in coordination with the International Network for Philosophy and Psychiatry, INPP. The idea is to promote and share cross-disciplinary research from the fields of Philosophy and Mental Health, with the general topic of ‘Why do humans become mentally ill? Anthropological, biological and cultural vulnerabilities of mental illness.’ The programme consisted of 23 plenary conferences, 54 oral presentations and 6 panel discussions, with more than 30 posters of research coming from all over the world.

The event certainly offered a welcoming space for presenting work in philosophy of psychiatry, with its diversity and pluralism being posed by Bill Fulford as one of the key challenges for this field. His talk was followed by presentations from other key figures, such as Giovanni Stanghellini, John Sadler, Werdie van Staden etc. Tim Bayne gave a particularly thought provoking talk on ‘delusions and doxastic solipsism’, exploring an alternative to ‘epistemic irrationality’, based on the idea that delusions involve a breakdown in the social scaffolding of belief; delusional subjects are struggling with catching the beliefs of others and calibrating their doxastic attitudes against those of others. John Sadler presented his highly interesting project on the concept of ‘folk metaphysics’, which are tools in understanding assumptions in folk and scientific psychological discourses. He provided examples on how these operate in contemporary mental health, psychiatric, criminal law, and philosophical discourse.

There were many interesting talks and posters, with topics spanning from the role of human diversity in mental illness to the empirical and conceptual foundations of bodily or interoceptive awareness. There was also a significant amount of work presented on explanatory models and phenomenological approaches. Thomas Fuchs’ talk on existential vulnerability expanded on Karl Jasper’s concept of limit situations, describing those situations where an otherwise hidden fundamental condition of existence becomes manifest, e.g. the fragility of one’s own body, the inevitability of freedom, or the finiteness of life. On another note, there were a lot of posters presenting neuroimaging experiments; these can definitely serve as a good basis for philosophical analysis in psychiatry, especially in the area of phenotypes and explanatory models. There is definitely a link between these empirical data and the phenomenological views presented in the conference, but still the philosophical task remains to try to offer a conceptual clarification and possible orientation of psychiatry towards these areas.

The event effectively provided a diverse and vast range of thought on the relationships between philosophy and psychiatry. The 18th International Conference on Philosophy, Psychiatry and Psychology (details here: https://www.sympla.com.br/inpp-2016_50173?lang=en) will be held in Sao Paulo, Brazil. In psychiatry, the challenge of translating research requires adopting approaches that are able to embrace the complexity of mental experience and incorporate subjectivity, along with findings from the brain and other psychological sciences. These conferences certainly represent an effort to address these issues and pursue further clarification and integration in particular areas of psychiatry. It is also interesting to examine how these approaches are valued and conceived in different areas of the world, with different clinical needs and varying levels of organisation of psychiatric services and research institutions.

Reviewed by Dr Michalis Kyratsous, ST4-6 in General Adult Psychiatry, South London and Maudsley NHS Foundation Trust, Research student/MD (res) at the Institute of Psychiatry, Psychology and Neuroscience, King’s College London
Forthcoming Conferences

King’s Colloquium in Philosophy and Medicine (all from 18:30 to 20:00)

28 January -- Anatomy Lecture Theatre, Hodgkin Building, Guy’s Campus
Cause or Correlation? Causal Evidence in Medicine and Law
Lecture: Brendan Clarke, Department of Science and Technology Studies, UCL
Comment: Nicki Cohen, Neuropathologist, GKT Department of Medical Education, KCL

11 February -- Anatomy Lecture Theatre, Hodgkin Building, Guy’s Campus
In Defense of the Social Value Requirement for Clinical Research
Lecture: Annette Rid, Department of Social Science, Health, and Medicine, KCL
Comment: Benedict Rumbold, Department of Philosophy, UCL

25 February -- K2.31 King’s Building, Strand
The Impact of Science Policy on Medical Research
Lecture: Norma Morris, Department of Science and Technology Studies, UCL

10 March -- K2.31 King’s Building, Strand
Pain
Lecture: Emma Briggs, Florence Nightingale Faculty of Nursing and Midwifery, KCL

Symposium:
Self-Knowledge In and Out of Illness, 3–4 May 2016, New Hunt’s House, KCL, Guy’s Campus, London
Self-knowledge has always played a role in health care since a person needs to be able to accurately assess her body or behaviour in order to determine whether to seek medical help. But more recently it has come to play a larger role, as health care has moved from a more paternalistic model to one where the patient is expected to take charge of her health; as we realise that early detection, and hence self-examination, can play a crucial role in outcomes; as medical science improves and makes more terminal illnesses into chronic conditions requiring self-management; as genetic testing makes it possible to have more information about our futures; and with the advent of personal electronic devices that make it easy for a person to gather accurate real-time information about her body. It can be hard to get good information about oneself, and even harder to know what to do with it. Sometimes self-knowledge is needed for a good outcome, but sometimes it is useless, or worse. Breast self-examination can lead to over-treatment, learning that one has a predisposing gene can create a detrimental illusion of knowing more about the future than one does, and data about one’s vital signs can be meaningless if taken out of a context of interpretation. We look at how these and other issues play out in a variety of medical specialities.

Speakers:
Quassim Cassam, Department of Philosophy, University of Warwick Knowledge of one’s character and virtues
Fiona Cowdell and Judith Dyson, University of Hull Skin Self-examination
Tony David, Institute of Psychiatry, Psychology, and Neuroscience, King’s College London Insight – awareness that one is ill – in Mental Disorder
Sacha Golob, Department of Philosophy, King’s College London Knowledge of one’s beliefs
Tim Holt, University of Oxford Glucose Self-Monitoring in Diabetes
Matthew Hotopf, Institute of Psychiatry, Psychology & Neuroscience, King’s College London What is a wearable fitness tracking device good for?
Paul Norman, University of Sheffield Psychological aspects of Breast Self-examination
Christine Patch, Guy’s and St. Thomas’ Hospitals Genetic Screening
Sherri Roush, Department of Philosophy, King’s College London Knowledge of whether one’s judgment is reliable, self-re-calibration
Nick Shea, Department of Philosophy, King’s College London Knowledge of one’s concepts
Veronika Williams, University of Oxford Self-Management of Chronic Obstructive Pulmonary Disease

Details available here:
Books

Here are the latest publications in the International Perspectives in Philosophy & Psychiatry series:

- **Embodied Selves and Divided Minds, Michelle Maiese, IPPP, November 2015, £39.99**
  Discusses the connections between work in embodied cognition, philosophical approaches to the self and personal identity, and philosophy of psychiatry. Provides a critical dialogue between Philosophy and Psychiatry in order to better understand the important issues surrounding self-consciousness, personal identity, and psychopathology.

- **Naturalism, Interpretation and Mental Disorder, Somogy Varga, IPPP, August 2015, £36.99**
  The philosophy of psychiatry can be seen as a unique area of research because the nature of the subject matter leads to rather unique methodological challenges. This book is unique in focusing on challenges that concern processes of interpretation and understanding and in integrating a hermeneutical perspective to understanding mental illness.

- **The Abraham Dilemma: A Divine Delusion, George Graham, IPPP, August 2015, £29.99**
  What is a religious or spiritual delusion? What does religious delusion reveal about the difference between good and bad spirituality? What is the connection between religious delusion and moral failure? Or between religious delusion and religious terrorism? Or religious delusion and despair? The Abraham Dilemma: A Divine Delusion is the first book written by a philosopher on the topic of religious delusion - on the disorder's causes, contents, consequences, diagnosis and treatment.

- **Experiences of Depression: A study in phenomenology, Matthew Ratcliffe, IPPP, Dec 2014, £34.99**
  The most detailed account to date of the phenomenology of depression, making it of considerable interest to anyone seeking to understand or relate to experiences of depression. Brings together research in phenomenology, philosophy of mind and psychology, psychiatry and several other disciplines, meaning it will be of interest to a wide academic audience. Makes clear the relevance of philosophical research to the understanding of depression and vice versa. It will appeal to both philosophers and clinical practitioners. Clearly written throughout with as little technical language as possible, so it is intelligible to any educated person seeking to understand experiences of depression. Includes a more generally applicable method for phenomenological enquiry, as well as a phenomenological analysis that can be employed to understand human experience in general and, more specifically, the many different forms of anomalous experience that arise in psychiatric illness.

Philosophy of Psychiatry SIG Website

Dr Dieneke Hubbeling continues to run the Philosophy Special Interest Group Website. Please support it by visiting: [www.rcpsych.ac.uk/college/specialinterestgroups.aspx](http://www.rcpsych.ac.uk/college/specialinterestgroups.aspx).

Contributions invited for Spring 2016 Newsletter—send us your book reviews

As ever, we are always delighted to receive contributions and would particularly welcome book reviews and philosophically themed articles. Please send your material to either Dr Abdi Sanati ([abstraxion@hotmail.com](mailto:abstraxion@hotmail.com)) or Dr Steve Ramplin ([steve.ramplin@nhs.net](mailto:steve.ramplin@nhs.net)) by 31 May 2016.