

Philosophy and Psychiatry



Newsletter 52

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Dear Readers,

Welcome to the latest edition of the Philosophy SIG newsletter. The previous edition feels in a way like one shared a long time ago. A lot has happened in the meantime, most importantly Large Language Models (LLM) such as ChatGPT erupting in our everyday life. I will try to unpack some of it in the first part of the newsletter with a brief reflection on what appears to be a pivotal moment in human history and the inevitable consequences in our profession.

We finally had our postponed conference on the biopsychosocial model on the 13th of December, which was very successful. I am grateful for your interest and large attendance, especially online, for a hybrid event whose principal aim was to trigger reflections on the epistemological foundations of our discipline, and our professional identity as an increasingly complex environment shapes it. While it is tempting to outline in this edition, some ideas expressed in the conference, we are hosting instead a lengthy book review by Dr Ahmed Huda of the volume "Psychiatry reborn: Biopsychosocial psychiatry in modern medicine", edited by Prof Julian Savulescu, Dr Rebecca Roache one of our keynote speakers in the conference and Dr Will Davies. Dr Huda offers an extensive overview of the topics explored in the volume, inviting clinicians and philosophers in the field to engage critically with it.

There are only a few days left until our workshop titled "**Philosophical psychopathology: bridging descriptive accounts with first-person perspectives. An interdisciplinary workshop**". The workshop is going to take place at the Royal College of Psychiatry on the **6th of April 2023**. There are still some spaces for participants left. This workshop will bring clinicians and phenomenological philosophers together in an interactive format. Case studies will facilitate the learning experience. Be prepared for a dialogical learning environment, aiming to expand our understanding of the subjective experience of people suffering from a mental disorder. There are still some spaces available, so do not lose the opportunity to join! You can find more information about the programme and the speakers on the link below:

[Philosophy SIG psychopathology workshop \(rcpsych.ac.uk\)](https://rcpsych.ac.uk/philosophy-sig/psychopathology-workshop)

As Philosophy SIG we are exploring the opportunity to collaborate with College Faculties and other SIGs in organising events. I am excited to announce our contribution to an event organised by colleagues from the Medical Psychotherapy Faculty to commemorate Steve Pearce. The event will take place at the Royal College of Psychiatry on 30th of June 2023 and is titled "**Steve Pearce study day on 'Responsibility without blame'**". You will find more info in the Events Section. Some other collaborations are in the making and we hope to continue our offer of stimulating events and opportunities to meet.

For any comments and proposals about the newsletter please email at philosophysig@gmail.com

Philosophy SIG Website

For further details concerning the Philosophy SIG, please see our website:

<http://www.rcpsych.ac.uk/college/specialinterestgroups.aspx>

Editorial

What do we mean by “understanding”?

When our conference on the biopsychosocial model took place in mid-December, little attention was given to the recently launched ChatGPT, and its potential impact. The media attention gradually increased, often focusing on its failures, ironically labelling them as “hallucinating”, and some of its potential dangers such as the spreading of misinformation and the disruption of the job market. These are all valid concerns, and while the “hallucinating phenomenon” seems to be more under control with the increased accuracy of the latest iteration called ChatGPT-4, the concerns about the latter have grown significantly as this recent research projects [\[2303.10130v1\] GPTs are GPTs: An Early Look at the Labor Market Impact Potential of Large Language Models \(arxiv.org\)](#).

Many have labelled the two weeks starting from the rolling-out of ChatGPT 4 on 14th of march onwards as of historical significance. The barrage of daily announcements involving AI capabilities and ChatGPT-4 specifically, such as its integration with the computational power of Wolfram Alpha, the development of AI powered assistants in the workspaces, and glimpses of multimodal integration with sound and vision, produced the typically overwhelming effect experienced when you are confronted with phenomena whose exponential qualities challenge your ability to comprehend.

Like many of you, I attempted several forms of interaction with it, having mainly as a central aim an answer providing concrete information. One of the till now known limitations of LLMs is that they cannot understand context. They

are good at generating text by predicting the next word, but they have no inherent understanding of context. A video discussing a recent paper suggesting that these LLMs may have the ability to infer mental states from text caught my attention [\[2302.02083\] Theory of Mind May Have Spontaneously Emerged in Large Language Models \(arxiv.org\)](#).

Few days ago, I had a lengthy conversation with a medical student, passionate about philosophy and psychiatry, where among other topics we discussed cases, diagnosis, and the significance of context in providing ad hoc exclusion criteria to guide our clinical judgement. The guiding idea was that by relying simply on a criteriological approach, where we check-list symptoms to compile and match a diagnostic construct, we risk neglecting the intentional horizon within which a phenomenon takes place, providing meaningful intelligibility in its temporal continuum. The instance described was from a case where an impulsive suicide attempt, isolated from an in-depth understanding of its contextual milieu, could be erroneously attributed as an act emerging from an underlying mental illness. The conversation was captured and transcribed by "Whisper" (a speech-to-text application created by Open-AI), then it was copied to ChatGPT as it was, with no formatting in terms of syntax and grammar, and we asked it to summarise it. To our surprise, it summarised it perfectly in two paragraphs, capturing all the essential tropes in it. I then thought about asking it if it can infer our mental states from the transcript and, to an even greater surprise, could do so, capturing pace and atmosphere, without parroting concepts and phrases existing in the transcript. When I enquired further about the depth of its ability, it clearly stated that the human factor is important for a variety of reasons such as embodied interaction, ability to empathise etc. I then offered it the following prompt, challenging its core assumption about humans having superior ability:

Me: My argument is that still my judgement is not necessarily better than yours or less biased. The philosophical problem of other minds is an important limitation that applies also in human-to-human interaction. Often, agreement on inferences about mental states depends not on objective accuracy, but on me being considered an expert that provides an opinion. This opinion is valued more since we consider it more informed. What would happen if your opinion is experienced as more valid over time?

ChatGPT: *If my opinion were to be experienced as more valid over time, it would be crucial to recognize that the value of an AI language model's insights is still different from that of a human expert. While I might provide accurate information and analysis based on patterns in text, I still lack the ability to perceive non-verbal cues, empathize, and adhere to ethical guidelines in the same way a human expert does. The value of my opinion may be in its ability to quickly provide information, identify trends, and offer an additional perspective.*

However, it is essential to maintain a balance between the insights provided by AI language models like me and the expertise of human professionals, especially in fields such as mental health. Overreliance on AI opinions could lead to neglecting the importance of human empathy, intuition, and the ability to address complex, nuanced situations that may not be captured in text alone.

Moreover, if AI opinions were to be consistently valued over human expertise, it could potentially lead to an erosion of trust in human professionals and an overemphasis on the abilities of AI. It is essential to recognize the strengths and limitations of both AI and human expertise, and strive to use them in a complementary manner, rather than seeing one as inherently superior to the other.

The philosopher David Chalmers gave a presentation a few days ago at New York University. Chalmers points out that, so far, multimodal systems have produced only marginal improvements in understanding compared to LLMs. A surprising result, obviously open to revision, but still against the natural tendency to think that integrating language with other sensory modalities would produce necessarily a more accurate representation of a mental state compared to language alone. At the end of his presentation, he had a slide where he answered a few questions regarding Large Language Models such as ChatGPT.

- Do LLMs need sensory grounding for thinking and understanding?

No

- Do they need sensory grounding for some sorts of thinking and understanding?

Yes

- Do they need sensory grounding for good enough performance on cognitive tasks?

No

- Do current LLMs understand?

Mu

Chalmers points to this Japanese word to address his last question. He uses the explanation given by Robert Pirsig on its meaning:

...Mu means "no thing." Like "quality" it points outside the process of dualistic discrimination. Mu simply says, "no class: not one, not zero, not yes, not no." It states that the context of the question is such that a yes and a no answer is in error and should not be given. "Unask the question" is what it says...

I am not sure anyone can realistically predict how our life and profession is going to change, but I am pretty sure that as a field we need to engage now with how to integrate the developing potential of these technologies in expanding our knowledge field and maximise the delivery of care. Please reach out at philosophysig@gmail.com with any comments and questions. The aim is to create an interactive space to channel curiosity, insights, genuine questioning, and solutions to implement. Any suggestions on how to do this are more than welcome.

Dr Anastasios Dimopoulos

Consultant Psychiatrist

CNWL NHS Foundation Trust

Chair of the Philosophy SIG

Book review

DSM-5 (the classification system that draws the most commentary) includes many disparate mental disorders such as neurocognitive disorders due to Alzheimer's disease, schizophrenia, acute stress disorder, rumination disorder and voyeuristic disorder as well as 'other conditions that may be a focus of clinical attention' including uncomplicated bereavement, acculturation difficulty or religious or spiritual problem. These types of problems are seen in a variety of settings – inpatient units, private offices, community centres – by multiple professionals and non-professionals using a variety of conceptual and interventional models. It is clear therefore that no single explanatory model will be perfect or even adequate for all these conditions and no conceptual model will be useful to the practice of everyone involved seeing people with these problems. The commonest conceptual model that psychiatrists encounter and practice is the biopsychosocial model but its assumptions are usually implicit to them. Of course, those who are inimical to contemporary psychiatry may insist that psychiatrists use biomedical or even 'bio-bio-bio' models but that displays motivated ignorance of how most psychiatrists conceptualise mental health problems.

"Psychiatry Reborn" is a multi-authored textbook that discusses the biopsychosocial model from a variety of perspectives divided into themes of introduction to the topic, multi-level interactions, risk and resilience, neurobiology and the biopsychosocial model and the future. In this review I will briefly discuss each chapter before discussing my overall impression. The two introductory chapters by Lobel & Savelescu and then Roache set the scene for the biopsychosocial model introduced by Engel is seen as a pragmatic compromise between the biomedical and psychosocial approaches with a return to medical humanism in the Hippocratic then Oslerian tradition.

Kendler & Gyngell in the first of the multi-level interaction chapters present graphs based on several studies. These show fan-shaped patterns demonstrating that those with high genetic risk factors for mental disorder have the greatest sensitivity to environmental risk factors and that the interactions are non-additive. Thus, hard biological or psychosocial reductionist models are empirically demonstrated to be inadequate.

Cooper in her chapter discusses how the biopsychosocial model allows us to be more flexible in terms of questions of causality of mental disorders including the embrace of pluralism. We can ask why a risk factor may be harmful to one person but not cause mental disorder in a second as well as how can we make a risk factor harmless.

Haller & Kadosh review evidence on developmental pathways to mental disorders and note that both multifinality (the same risk factor can produce different outcomes) and equifinality (the same outcome can result from different risk factors) occur. They make the case that discovering timing of developmental effects, cascading effects and (mal) adaptations of the developing brain will be key to understanding mental disorders as well as preventing and treating them.

Sinnicott-Armstrong's & Summers' chapter discuss if there is merit in strong constitutive biopsychosocial models (mental disorders must always consist of factors from all three levels) or strong treatment biopsychosocial models (treatment must always involve interventions on all three levels). Unsurprisingly to observant clinicians both strong models are rejected. The biopsychosocial model is useful in that it encourages clinicians to understand all the relevant factors leading to the patient's predicament and what may be useful areas to intervene to help.

Levy's chapter on social constructionism notes that globally debunking all mental disorders is unlikely to impossible using social constructionism theories. There is a balance between social constructionism having an explanatory role in discovering social factors influencing cause and forms of mental disorders and a debunking role for mental disorder concepts – this balance will vary with each mental disorder. Classifications – even neurobiological ones such as RDoC – should not ignore social constructionism and mental disorder.

Fulford's chapter on values repeats the pluralistic nature of values in the biopsychosocial model but that different actors - such different professions and patients – often have their own implicit models. In values-based practice, the patient's values are the key but not the sole determinant. Pluralism is challenging but we need to allow balanced dissensual decisions made within frameworks of shared values.

Smith's chapter on formulation and complexity discusses how the biopsychosocial model was introduced as a holistic humanist counterpart to the abstractionism of 20th Century medicine. Formulation involves tacit nous to assemble information into an explanatory framework for a complex system. Personally, I'm a bit concerned about the elevation of self-declared nous by professionals over empirically testable classifications because the lack of challenge from evidence can allow harmful practices to patients or inaccurate declarations about them to reign unchecked.

The next section has the topic of Risk and Resilience. Viding addresses the difficulty of developing interventions based on complex multi-level data. Genetics may reduce the range of phenotypic expression but does not wholly determine the expressed phenotype. Developmental psychopathology will need to combine a different analysis of levels across longitudinal developmental pathways.

McCroy outlines a model of latent vulnerability in which neurocognitive adaptations to negative early life experiences increase risk of developing mental disorders. These adaptations may have short term advantages but directly increase risk of mental disorders through stress susceptibility and indirectly by causing 'social thinning' (attenuation in the number and quality of relationships).

Cecil's chapter outlines a possible mechanism for how psychosocial experiences can change biology via epigenetics and methylation of DNA. Cecil is honest about the limited knowledge of this subject and the speculative nature of this hypothesis.

Holton's chapter discusses the example of non-callous children with antisocial behaviour which often seems a reaction to abusive experiences. Holton suggests that the effects of abuse may be mediated via the expectations of those experiencing the abuse. These expectations may contribute to both multifinality and equifinality of mental disorder outcomes following abuse.

Roisier and Viding use the framework of Bayesian decision trees with prior knowledge split into main sources: genetic endowment and personal

history/ experience. Various implications of Bayesian decision trees for development of mental disorders are discussed such as evocative prior environment correlation in which subjects tend to select their environments.

Thornton provides a strong chapter on the difficulties in achieving a paradigm shift in psychiatry and the possible problems if this occurs. "The "incommensurability of standards" is a major problem i.e. advocates of different paradigms will disagree what standards or definitions of science need to be resolved in a paradigm - they also use the same terms as the paradigm they want to leave but in a different way. (I proffer the example of "diagnosis" which is taken to mean different things by those who are for or against diagnosis in psychiatry). Thornton also offers the warning that a paradigm shift may involve a harmfully different conception of agency, free will and responsibility as well as what we now call mental disorders. The biopsychosocial paradigm has a humanist conception of patients within their psychosocial environment.

Parrott's chapter uses the example of angry faces to explore how prolonged exposure to adversity alters psychological or neurocognitive systems and how these lead to increased risk for psychiatric disorders. Children exposed to excessive anger from others become more sensitive to noticing angry faces when they become adults. This may lead to them to divert attentional resources to detecting angry faces; become more likely to misinterpret others' intentions so become hostile provoking negative responses and develop greater sensitivity to their social environment with resultant hypervigilance causing anxiety and avoidance.

The fourth section has chapters on neurobiology and the biopsychosocial model. The central chapter in this section is from Hyman with input from McConnell. It describes the ongoing tussle between neurobiological and psychosocial approaches – they are "epistemologically incommensurate" with each other. This means one cannot use both framing models simultaneously with "binocular vision" but instead switch between each framing as appropriate and not muddle information from one frame to the other. The key for psychiatry is to utilise the advances of neurobiology without losing touch with the interpersonal perspective and minimising it.

McConnell has his own chapter as rejoinder to Hyman's more contentious views such as neurobiology completely supplanting "folk psychology" understanding. For example, McConnell argues neurobiology "cannot capture the norm-governed content of concepts" and that since norms are sociocultural of interpersonal nature not neurobiological observed by neurobiological processes therefore, we cannot use neurobiology to detect inaccurate concept use. Mental disorder he claims are normative judgements of "person-level problems" (an argument that ignores the role of values for identifying states as suitable for medical attention & intervention in all of medicine not just in psychiatry).

Glover's response to Hyman notes that we have both a common-sense understanding and experience of the physical universe alongside quantum physics-based explanation that often contradicts it. Neuroscience may discover the mechanisms of agency and deliberation to produce a model of agency compatible with mechanistic explanations. Glover contends that we *can* have a binocular vision combining neuroscience *and* "folk psychology".

Ghaemi in his chapter makes his usual criticism of the biopsychosocial model being eclectic that gives no guidance as which level is more important. The main focus of the chapter is the DSM system where disorders are classified by committees on the basis of what they regard is "best for social, economic, and professional purposes". For the medical humanism of the biopsychosocial model to be best served then DSM should be dropped for scientific research.

The weakest part of the book is from Bublitz who for (non-maleficence/ autonomy) ethical purposes articulates why psychotherapy is superior to biological interventions (if equally effective) as it's not objectifying but fails to show how much weight we should place on this compared to other ethical principles such as health maximisation and efficiency.

The final segment summarises the previous chapter and looks to the future. The first summarising chapter by Roache reiterates that the biopsychosocial model does not mean that all mental disorders are always composed of factors all three levels and interventions have to be made at all levels. The questions of causation and best intervention are to be settled empirically. The final summary by McConnell is marred by trying to present

psychological realism as a done deal with few quibbles. This ignores many cases where this is not so -for example, in cases of hypothyroid induced depressive psychosis most of the causal explanatory work and intervention focus will be at the level of biology with psychosocial factors impacting at the distal level on the particular content of cognitions. The rest is uncontentious such as how the biopsychosocial model at its best "is alive to both mechanism and meaning".

How biological, psychological and social factors interact to produce what is labelled as mental disorder is not demonstrated within these pages due to our lack of knowledge of the mechanisms of how this could occur. The longstanding conceptual civil war in mental health between biological and psychosocial models does have some skirmishes here of the usual pattern – the biological model dismisses the psychosocial model's relevance whilst the psychosocial model demonises the biological model.

The book contains many interesting perspectives on the biopsychosocial model and does its best to bring the implicit assumptions out into the daylight. Some of the authors do show their limited awareness of the many different types of conditions contained in mental disorder classifications with too-neat solutions that do not work for many situations. The take-home message is that so far it is the best model for clinicians to use until the frabjous day when our knowledge advances to a level where we can abandon it for an empirically superior model. A recommended read for clinicians and philosophers alike.

Dr Ahmed Huda

Consultant Psychiatrist

Pennine Care NHS Foundation trust

Savalescu, J., Davies, L.W., Roache, R., Davies, W. and Loebel, J.P. eds., 2020. *Psychiatry reborn: Biopsychosocial psychiatry in modern medicine*. International Perspectives in Philosophy and Psychiatry.

Events section

Philosophy Special Interest Group interdisciplinary workshop

6th of April 2023

Venue: Royal College of Psychiatry – In person only

Title

Philosophical psychopathology: bridging descriptive accounts with first-person perspectives. An interdisciplinary workshop

Limited number of participants – Spaces still available

We are very pleased to announce our first interdisciplinary workshop on philosophically informed psychopathology, that will bring together clinicians and philosophers working in the field of mental health. The title of what we expect to be a thought-provoking workshop is “Philosophical Psychopathology: Bridging Descriptive Accounts with First-Person Perspectives. An interdisciplinary workshop”. We designed this interdisciplinary workshop for psychiatrists, researchers, and students in the fields of philosophy, psychology, and psychiatry. It will provide an in-depth exploration of the relationship between descriptive accounts of psychopathology and first-person experiences of mental illness. Participants will have the opportunity to engage in interactive discussions with leading experts in the field, and exchange ideas on key aspects of the clinical presentation and subjective experience of people suffering with mental illness. Don't miss this chance to gain a deeper understanding of philosophical psychopathology and its impact on the way we understand and treat mental illness. There is a limited number of places, so early registration is advised"

Programme

09:00 to 09:30. Registration

09:30-09:50 Introduction to descriptive psychopathology and phenomenological psychopathology

Prof Femi Oyeboode and Dr Anthony Vincent Fernandez

09:50 to 10:20. Clinical cases to discuss in groups – formulation of questions relevant to the cases

10:20 to 11:00 Return in the main group and discuss the questions participants formed as a group

11:00-11:30 coffee break

11:30 to 12:30 Focus on psychopathological experiences related to thinking

Dr Clara Humpston

12:30-13:30 lunch break

13:30 -14:30 Focus on psychopathological experiences in relation to mood

Prof Marcin Moscalewicz and Dr Anthony Vincent Fernandes

14:30-14:45. mini break

14:45 - 15:45 Focus on psychopathological experiences in relation to perception

Prof Francesca Brencio

15:45-16:00 mini break

16:00-16:50 Discussion

Prof Femi Oyeboode

16:50 – 17:10 Closing remarks and feedback

Dr Anastasios Dimopoulos

The second event featuring in this edition is the one organised with members of the Medical Psychotherapy Faculty

RESPONSIBILITY WITHOUT BLAME

Ethical positions in mental health

Date:

Friday 30 June 2023

Time:

9:30am – 4pm

Venue:

Royal College of Psychiatrists

**Event type:**

In person

Lunch and coffee/tea included

Title:

Steve Pearce study day on 'Responsibility without blame'

We are delighted to announce the first 'Steve Pearce Study Day' held in memory of our late Faculty chair. This event offers an opportunity to hear expert presentations and to come together with colleagues to explore the concept of 'responsibility without blame' in a managed clinical setting such as the NHS.

Internationally renowned speakers will offer their thoughts and ideas from a philosophical, ethical, and clinical perspective. This will provide the platform for interactive small and large group discussions of links between philosophy and psychological/psychodynamic thinking as applied to our clinical work.

Steve Pearce was a Consultant Psychiatrist in Medical Psychotherapy and chair of the Psychotherapy Faculty and had a wide interest in matters related to psychiatry. This Study Day seeks to honour Steve's memory by preserving and extending his legacy in psychiatry, psychotherapy, and

philosophy, as well as celebrating his achievements in psychotherapeutic group work, therapeutic communities, research, and teaching.

Speakers:

Hanna Pickard, Bloomberg Distinguished Professor of Philosophy and Bioethics at Johns Hopkins University, USA

Matthew Broome, Professor of Psychiatry and Youth Mental Health, Director of the Institute for Mental Health, University of Birmingham UK

Programme

09:30 Registration (coffee/tea)

10:00 First talk (**Hanna Pickard**)

10:45 Q&A

11:00 Small groups in breakout rooms

11:30 TEA BREAK (coffee/tea/biscuits)

11:45 Large group

12:30 LUNCH

13:15 Second talk (**Matthew Broome**)

14:00 Q&A

14:15 Small groups in breakout rooms

14:45 TEA BREAK (coffee/tea/biscuits)

15:00 In conversation with Hanna and Matthew

16:00 CLOSE

Cost:

Consultants/senior managers: £125

Trainees/non-medical staff: £80

To book a place please contact:

<https://www.eventbrite.co.uk/e/responsibility-without-blame-ethical-positions-in-mental-health-tickets-541350843947>

Events in the INPP webpage

For more information on the events page of INPP please visit the following link

[Announcements - Meetings - The International Network for Philosophy and Psychiatry \(inpponline.com\)](#)

The PhenoLab series organised by Prof Brencio continues and then you can find info and links on some forthcoming events and conferences. Please visit regularly this page to see if there are any new events advertised. In the following months we have the following three conferences of interest taking place

25th Annual Conference of the International Network for Philosophy and Psychiatry

The call for papers for the 25th Annual Conference of the International Network for Philosophy and Psychiatry has now been launched. The theme is Crisis and Mental Health – philosophical and social aesthetic perspectives. The conference will be held in Vienna at Sigmund Freud University Vienna (Freudplatz 3, 1020 Vienna) from 24.08.2023 until 26.08.2023.

We are building our scientific program and would like to invite you submitting a scientific session proposal.

Send your suggestions for topics and abstracts

- for symposia by 28th February 2023
- for papers by 31st March 2023

to the following address: conference23@sfu.ac.at

We look forward to seeing you at the 25th Annual Conference of the INPP 2023.

Too mad to be true: The promises and perils of the first-person perspective

De Stichting Psychiatrie en Filosofie is a Dutch Foundation that tries to promote and stimulate research on the field of philosophy/psychiatry in the specialist and public domain (see: <https://www.psychiatrieenfilosofie.nl/>).

On May 27-28 2023 they are organising an international conference in philosophy and psychiatry together with the University of Ghent, called "Too mad to be true: The promises and perils of the first-person perspective". See here: <https://www.psychiatrieenfilosofie.nl/too-mad-to-be-true-ii>

It will be a hybrid conference, both physical and online attendance will be possible. The call for papers deadline is April, 1st.

Symposium Revisiting Critical Issues in Psychiatric Diagnosis

This is an event that will see the participation of prominent scholars in the field such as Prof Michael First, Prof Bill Fulford, Prof John Sadler and Prof Giovanni Stanghellini. You can find more information on the programme and how to join remotely in the page organised by the medical school of the university of Lisbon.

[Symposium Revisiting Critical Issues in Psychiatric Diagnosis | Faculty of Medicine of the University of Lisbon \(ulisboa.pt\)](https://www.medicina.fmed.ulisboa.pt/en/2023/05/27-28-may-symposium-revisiting-critical-issues-in-psychiatric-diagnosis)

Educational resources

Philosophy and Psychiatry webinars

I have raised the attention to this initiative before and I will carry on doing so since they continue offering a high-quality series of meetings with prominent figures in the field of philosophy and psychiatry. Please find more information below and a list of YouTube videos of past meetings.

<https://www.philosophyofpsychiatry.com/webinar>

Oxford Textbook of Philosophy of Psychiatry

This is a goodie that will be a perennial item in the newsletter. In the link below, as found in the INPP website, you will find full access to The Oxford Textbook of Philosophy and Psychiatry. There is an immense wealth of philosophical topics in it. You can read and download parts of it, or as a complete document.

<https://inpponline.com/resources-home/literature-and-full-text-downloads/the-oxford-textbook-of-philosophy-and-psychiatry/>