



# Philosophy and Psychiatry

February 2020

## INTRODUCTION

I want to start this edition of Royal College of Psychiatrists' Philosophy special interest group newsletter with paying tribute to my former co-editor Dr Steve Ramplin. For almost 10 years Steve and I edited the newsletter. I shall miss his contribution, generosity, and above all his sharp mind and philosophical skills. He has been a great colleague and will be keenly missed. I also take this opportunity to welcome Dr Anastasios Dimopoulos as my new co-editor. I am sure that with his expertise in philosophy and enthusiasm about this field he will bring new insights and fresh ideas to the newsletter. The year 2019 was a busy year. We had our philosophy conference at the Royal College of Psychiatrists which was a success. You can read in this issue of the newsletter the review provided kindly by Dr Andrew Shepperd. A brief review on an event organised by History of Psychiatry SIG and Royal Society of Medicine, book reviews and a brief reflection about the value of phenomenological philosophy by my new co-editor Dr Anastasios Dimopoulos will constitute the rest of this rich in content newsletter. As usual we welcome contributions from our readers.

### *Philosophy SIG Website*

For further details concerning the Philosophy SIG, please see our website:  
<http://www.rcpsych.ac.uk/college/specialinterestgroups.aspx>

Remember also to check the website of the *International Network for Philosophy and Psychiatry*: <http://www.inpponline.org/>

### *Philosophy SIG Newsletter*

Remember to send us any news about developments in connection with the philosophy of psychiatry in your area. Also, consider sending us reports on conferences or book reviews. Any contributions would be most welcome!!

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## **UPCOMING EVENTS**

For those who plan to attend APA conference in Philadelphia, they will be pleased to know that in parallel runs the annual conference of The Association for the Advancement of Philosophy and Psychiatry (AAPP). This is an annual event packed with many interesting lectures on stimulating topics. You can find more information in [philosophyandpsychiatry.org](http://philosophyandpsychiatry.org)

### **2020 AAPP Annual Conference (April 25th and April 26th, 2020|Philadelphia PA)**

#### ***Intuitions Meet Experiments: Methods in Philosophy of Psychiatry***

Keynote Speakers for this year are:

Edouard Machery, PhD, Distinguished Professor in the Department of History and Philosophy of Science at the University of Pittsburgh

Miriam Solomon, PhD, Professor of Philosophy, Department of Philosophy at Temple University

Psychiatrists, both in treating patients and conducting research, seek a rationale for their decisions based on their understanding of human nature and psychiatric illness. In doing so they inevitably base their thinking on a range of underlying assumptions, often tacit intuitions, about basic questions such as the nature of human agency, the relationship of mind and brain, the distinction of free and unfree action, the limits of responsibility, and the boundaries and unity of the self. Some of these assumptions derive from the general culture, i.e. folk psychology. Others are the assumptions underlying the various scientific disciplines upon which psychiatry draws. Failing to critically examine these assumptions explicitly can lead to erroneous or incoherent conclusions, as well as confusing and unproductive interaction between psychiatrists and patients, or between mental health colleagues, when they unwittingly are operating with a different set of underlying assumption.

Similar pre-theoretical intuitions have long been an important part of philosophical methodology, informing work in such areas as philosophy of mind, epistemology and ethics. A more recent area of inquiry focuses on philosophical intuitions themselves, examining their role in thought experiments and philosophical theorizing. This has also led to a thriving research program of experimental philosophy that tests the intuitions of non-philosophers to see if they match philosophical claims about them. Work in this area has been notable especially in the areas of moral judgment, free will, and epistemology. There has been considerable debate on whether some commonly shared pre-theoretical convictions should serve as constraints on philosophical theories.

This conference takes its cue from these debates, inviting a broad discussion of intuitions and related methodologies in the philosophy of psychiatry to help examine the nature and legitimacy of the range of background assumptions at work in psychiatric theorizing and practice. We invite papers examining which intuitions psychiatry and the philosophy of psychiatry depend on, whether those intuitions are indeed widely shared in the general population, whether those intuitions can be justified by independent argument, whether philosophical conclusions can be reached in this area without depending on intuitions, and what alternative approaches we have that do not rely on intuitions. We also welcome papers that examine broader methodological topics in philosophy of psychiatry, such as the use of thought experiments and comparing different philosophical traditions as to their utility in providing solutions to the problems raised by the use of intuitions. We also hope for discussion of the relationship of scientific psychiatry to philosophical intuitions:

whether these are completely separate domains or whether the science itself depends on foundational intuitions.

The conference organizers are also interested in creating a special issue of an academic journal or an edited collection of papers based on the theme of this conference.

## **PAST EVENTS**

**Conference review: Madness, the mind, and politics - reflections on the philosophy special interest group's biennial meeting  
Philosophy SIG, Royal College of Psychiatry, 03/09/2019.**

### **Andrew Shepherd**

For me, this group's meetings every two years have come to afford an opportunity for reflection and deeper thought than that to which I am normally accustomed. A safe ivory tower perhaps, from which to reflect on the maelstrom outside. However, this year's theme - madness, the mind, and politics - left me with some trepidation in this regard; would we be required to engage politically as well as reflectively? It seemed at that point that the British Parliament would perhaps have welcomed some sort of intervention as it prepared for a (subsequently declared illegal) proroguing... Indeed, at times during the day I found it hard to tear my gaze from my phone (an addiction I reflected on in my own paper late in the proceedings) as various members of parliament ventured across the floor to the other side of the House, while the Speaker seemed to reach ever more unbelievable heights of energy and theatricality. Perhaps it was my new found proximity to the "Westminster bubble" but I found it all quite affecting.

Thankfully, our Chair - Dr Sanati, was on hand to welcome us to the splendid isolation of the College: A welcome subsequently reiterated by the President of the College, Prof Burn, who bemoaned the lack of reference to philosophy in the training curriculum and then urged us on in pursuit of the Philosopher's Stone (an endeavour that I'm sure will prove as harmless for us as it has for those who preceded us in the quest).

Introductions aside we were launched into our first keynote - with Prof Stoyanov posing the question at which point does knowledge and insight become contaminated through negative political activity? Do we unduly dismiss those who are associated with the dominant political movement of their time and end up, to put it mildly, on the wrong side of history? My own mind turned to Wagner at this point as a parallel but was drawn back by Prof Stoyanov's spirited defence of his own father's legacy - my Freudian internal object was obviously not as lost in reverie as the rest of my mind.

Caffeine stimulation was then followed by Prof Radden's fascinating exploration of the implications of a programme of preventive self-care and responsibility in relation to mental health. This time my mind wandered to an Obama speech from the re-election campaign where a comment had been made about the value of public road building in the promotion of commercial endeavour that was deemed too "left wing" for the US voters and so dropped as a rhetorical device from later speeches. Hyper-individuation is a genuine problem it seems.

Parallel sessions led us in to lunch - as usual at meetings such as this I was frustrated by my dependence on my body versus a wish to be in three places simultaneously. I am sure that a technological solution will no doubt one day present itself (recorded sessions shared through a Philosophy SIG YouTube [other providers available] channel perhaps?).

After a welcome lunch Prof Spandler provided us with an insightful reflection on psychiatry's, at times, uncomfortable political past and present. A tension existing perhaps between the voices of survivors (represented, for example, through publications such as *Asylum*) and the predominant psychiatric discourse. Here, my thoughts again wandered to the representation of lived experience in research through the growing involvement of patient and public interest voices (PPI). As such, I was delighted that, having stayed in the same seat, we were offered some more reflections on this and other matters as a panel, chaired by Dr Hurlow, addressed the question of a Mental Health Uprising: Tokenistic identity politics or societal maturation?

After one final dose of caffeine Prof Bolton raised the question as to whether post-truth is bad for our mental health - the short answer it would seem is yes, although questions abound, and so I entered the last parallel session in a somewhat depressive state. No choice for me this time however as my paper had to be delivered and I think it's bad form, and indicative of poor self-confidence, to fail to attend one's own paper.

Sadly, I missed the closing drinks reception as my return train to the more civilised north beckoned me. Everything feels more real to me up here, possibly it's the distance from that Westminster Bubble: Perhaps a future year's meeting could even venture north of Watford to see if anyone else shares my feeling?

Hope to see many of you in two years once more - who knows what state we will be in politically by then? I personally predict "Status Brexitus", for which we will all have to find our own personal cures.

**CONFERENCE REVIEW: Mind, state and society: Half a century of UK psychiatry and mental health services  
Royal Society of Medicine, 14/01/2020**

When I was introduced to philosophy of psychiatry, I remember one of the reasons that the discipline became prominent was a response to challenges that were set by the different critiques of psychiatry. That would link philosophy of psychiatry to the history of psychiatry. Therefore, when I became aware of the above conference which was organised by the Royal Society of Medicine alongside the Royal College of Psychiatrists' History of Psychiatry SIG I eagerly attended. I have to congratulate Prof George Ikkos for such a great day. It provided a good mixture of different professionals, patients and carers, both in speakers and audience.

The conference focused on the social context, policy context, process of change and de-institutionalisation. I particularly enjoyed Joanna Burke's talk on de-institutionalisation. It was interesting to see the statistics on how the number of beds were reduced from 150,000 to 34,000 in less than 50 years. There was a discussion on politics and there is no consensus whether this move was an enlightened approach or politically a right-wing policy. One good thing is that the importance of agency in the patients has been recognised and there is a focus on more holistic approaches which is underpinned by good philosophical work. The discussion on legal frameworks and the importance of autonomy and consent which is linked to the philosophical concept of agency was particularly interesting. I was unaware that prior to 1959 the concept of informal patient had not been introduced to the law. The highlight of the day was the discussion by David Gilbert's on her own experience which linked it to

phenomenological understanding of patients. There were many discussions over whether institutionalisation was merely a political move and on psychotic coercive practices. What I found positive was the way philosophical concepts were discussed and it shows the relevance of philosophy of psychiatry in different areas including the ethics of coercion, the conceptual underpinnings of de-institutionalisation and finally, if there is any conceptual coherence in constant remodelling of the services and the recent preoccupation with risk. There are no easy answers to these challenges. Nevertheless, conferences such as this provide an excellent forum to exchange ideas and challenge presumptions.

### **On the value of phenomenological philosophy for mental health practice?**

I would like to thank Dr Sanati for inviting me as co-editor for the newsletter of the Philosophy SIG. We really hope to provide a platform of communication that will enhance the engagement of the countless members of the Philosophy SIG. Abdi suggested to write something “brief” about my adaptation of phenomenological philosophy to mental health practice and why I think it is important for our discipline. I have accepted the invitation with great pleasure and I hope that the following lines will serve in generating interest for phenomenological philosophy.

Philosophy has been a great passion for me, serving as the primary fuel of my desire to pursue a career in psychiatry. Early on in my career as a psychiatric trainee I was attracted by phenomenology and existentialism. An attraction that led in the beginning to pursue a training in existential psychotherapy and subsequently to a 5-year training in a modality, little known in the UK, called Daseinsanalysis. My interest towards this rather marginal field of psychotherapy was sparked by its line of questioning that was less interested in the formulation of objective statements but rather aiming to understand how we make sense of our experiences, of others and of the world around us. Phenomenology from the very beginning with Husserl was sceptical of the possibility to hold objective judgements about the world and others that aren't influenced by a primordial connectedness of our minds with them. This fundamental feature of our consciousness, to be always about something, never empty, always directed at something, having an object attached to it, is called intentionality. Intentionality as a fundamental feature of our consciousness isn't a contingent fact but necessary and for the most part acts prereflectively in the constitution of our experience. Merleau Ponty has beautifully depicted this web of connectivity as projected bidirectional intentional arcs that constantly anchor as to the world in a dynamic way. It naturally follows then a clear warning towards a mode of engagement with worldly phenomena that is oblivious to the preconditions that make it possible for them to appear in our consciousness in a certain way. Husserl would call this unreflective mode of engagement the “natural attitude”, and invited us to attempt to suspend it, to allow more space for something to emerge as it is and not through the magnifying lens of a particular worldview, such as the scientific, biomedical, social, psychoanalytical, religious, political etc. Heidegger on the other hand thought that Husserl didn't go far enough and ultimately accused him of keeping afloat Cartesian dualism by assuming the possibility to achieve a pure theory (the word theory has its roots on the ancient Greek verb ἰδεῖν, that means to see) of the object of enquiry through phenomenological reduction. Heidegger's project was to restore the meaning of Being. For him the pinnacle of the prevailing “natural attitude”

is that we take for granted that something “is” without questioning how the facticity of it is given to us. His whole philosophical project aimed at retrieving the fundamental question of Being from the state of forgetfulness that it has been under since the time of the presocratic philosophers. While he admitted towards the end of his life to have failed to articulate a non-metaphysical language of Being, his journey generated a line of questioning that has exerted significant influence in the second part of the 20<sup>th</sup> century. One of his most famous questions was the one concerning the essence of technology and its natural tendency to enframe everything as a resource, ready to be measured and disposed according the needs of the human being.

But how all this can be relevant to a psychiatrist? At a first glance it can appear irrelevant, carrying a difficult linguistic idiom that isn't familiar in general medical education or postgraduate psychiatric training and for sure will not and should not find as such its way in medical records, reports or other documentations of the activity of a psychiatrist. The first line of defence is the obvious one that since Jaspers there is a significant tradition out there, influenced by phenomenological philosophy, in exploring psychopathological phenomena. This tradition has seen in recent years a significant boost, leading to the formulation of extremely rich subjective/intersubjective accounts of the experience of someone with mental illnesses such as schizophrenia, depression etc. The exposure of psychiatrists to these accounts would benefit them in understanding better the lifeworld of their patients and be able to communicate with them. Furthermore, by taking in account these constitutive elements of their lifeworld, they will be more able to facilitate a shared decision making in planning their treatment.

The less obvious line of defence is the one that intrigues me most. It is the one that sees in phenomenological philosophy the potential to serve as an integral part in the effort of medical education frameworks in addressing the complexity and uncertainty of everyday practice. The formation of phenomenological minds will enhance the capability of future psychiatrists in raising a line of questioning that will be relevant to their local context. This will happen because they will have the ability to be attuned to the variety of intentional states that are constitutive of the territory of mental health practice. These intentional states include those of the practitioners themselves and of the dominant paradigm of their discipline, intentional states of their patients and their carers, of the various health systems in their global, national and local versions and of the society in general. This second line of defence doesn't have the rather ambitious goal to provide an inclusive account of what it feels like to have a certain mental illness, but aims at enhancing the capability to map the territory of our everyday practice in ways that will enrich the understanding of its present and at the same time indicate a path towards the future. It never aims to define, but only points and directs our attention. Defining things is necessary such as in the case of psychiatry the creation of diagnostic categories to help us promote a common language, make research and design mental health services. At the same time, defining things is contingent to other factors as the history of science and psychiatry so far has shown us, since the various projects that have fought for intellectual dominance come sort in providing each on their own the “last word” in Austin's terms. Phenomenological philosophy can assist in the formation of the required ability for a future practitioner to hover in this intermediate space, help them see necessity and contingency that often in their coexistence generate what we call “complexity and uncertainty”, and suggest ways of rearranging them as needed when applied in the relevant context.

I am aware that the condensed meanings in this short piece can appear quite abstract and generate aporias. You can email me in [ana\\_dimopoulos@yahoo.gr](mailto:ana_dimopoulos@yahoo.gr) for comments and questions.

Dr Anastasios Dimopoulos, Consultant Psychiatrist CNWL NHS Foundation Trust.

## **Book Reviews**

### **Madness and the demand of recognition**

**Mohammed Abouelleil Rashed**

**OUP 2019**

Before writing this review, I need to declare that the author of this book is a good friend of mine. Nevertheless, our friendship has not stopped us to be fierce critics of each other. We did have heated arguments on topics which make the main body of this work and I looked forward to reading it. I have to add that I was not disappointed. The topic chosen for this book is indeed an important one. As a practising psychiatrist and an amateur philosopher (if I am allowed to call myself that) I have come across several patients and service users who have been arguing for an alternative narrative for their experiences. I have felt the need for a philosophical enquiry into mad activism and this book came at right time. The author approaches the subject from a purely philosophical point of view without any presuppositions or taking sides. He gives a historical account of activism in mental health which has been going on for centuries and consolidated more in 20th century. It is an informative history ensures that the activism was prominent with the kids before the 1960s anti-psychiatry movement. In the book the author tries to answer two questions. One, can madness be grounds for cultural identity? And second, does the demand for recognition process normative force, and if it does how should to say to respond to it. He shows that strengths of this questions we need to have a philosophical analysis of the concept of recognition which is closely tied to identity. The author uses the philosophy of Hegel to give a philosophical account of the concept of recognition and moves onto given account of the concept of identity. There is a debate on the harms of misrecognition and how to respond to it. The author identifies two ways of responding, political reform or reconciliation. While there are many arguments among people that have met for political reform the author found reconciliation a preferred option. In later chapters the author examines different rooster recognition and if madness could be seen as a limit to recognition. He distinguishes the controversial versus veiled identities where in the former the identity claim is not mistaken on its own terms and could be accepted if the response to it could be adjusted. He argued that mad identity on many occasions is not a failed identity and could be granted recognition. I think at this point the author could have explored the issue further and include more phenomena than psychotic and mood problems. Nevertheless that would not make the argument weaker. The book ends with discussions over different approaches to mad activism. In his final notes the author recommends a conversation between the opposing narratives i.e. the mad narratives and psychiatric/psychological narratives. He said the project within which concepts and methods of understanding that informed these conversations are explored. I think this could be a good topic for the author's next book!

I found this volume very well written and reader friendly. It is a good resource for people who are interested in the topic and the professionals who encounter activists in this field as I believe it would help the conversation between them.

Review by Dr Abdi Sanati, consultant psychiatrist, East London NHS Foundation Trust.

**The Biopsychosocial Model of Health and Disease.  
New Philosophical and Scientific Developments  
By Derek Bolton & Grant Gillet  
Palgrave Macmillan**

One thing that any trainee in psychiatry, at least in the UK, is taught is that we practice the biopsychosocial (BPS) model. It had practical values. For example, in the communication with patients and families we could answer questions about causes in this framework. In addition, for every patient we could have an aetiological grid which was quite unique to every patient. It also helped us in responding to charge of reductionism! The main question is what exactly is biopsychosocial model. In the last 10 years, it has come under attack. It has been seen as eclectic, vague and vacuous, and as Nasser Ghaemi put it giving doctors the permission to do everything while guiding them to do nothing. The current volume, written by Derek Bolton and Grant Gillet could not have come in a better time. I have been at some discussion groups where Professor Bolton introduced the development of this project and I was eager to read the final product. I wasn't disappointed. In this book, Bolton & Gillet start with Engel's paper on the model and give an overview of the objections made so far. They identified two challenges to BPS model. One is that it lacked specific content and is vague. The second is that it lacks scientific validity and philosophical coherence. They identified the content of BPS model in the specifics, rightly pointing out that health and disease are not one thing and we can have different ways of applying BPS model to different stages of different illnesses. The general BPS model focuses on the ontology of the biological, psychological and social, especially their causal relationships.

In order to meet the challenges mentioned above, Bolton & Gillet first question the assumptions of reductionism, especially the physicalist version. They show that in different levels in biology, psychology and sociology there are different forces working causally which has been confirmed by research. They also argue against the view that these different levels run parallel to each other, a version of Fodor's parallel worlds, and they do interact with each other. They assert that as living systems become more complex, they bring with them new causal properties, which calls for a new ontology and causation, which the BPS model can provide the answer.

In the following chapter, they find the causal model in biology would involve information based regulatory control mechanism of energy processes. The move of information, based on the codes, allow the movement of energy against the second law of thermodynamics, at least temporarily. The core of psychological part is agency and for social they focus on social determinants of health and disease. They also show the way these different levels interact and could form a general theory for BPS model.



I particularly liked the focus on information and how it helps to call into question the physicalist reductionism in health and disease. Also, the use of the concept of embodied mind in the psychological part of BPS is very informative. I found the arguments well-made and the book gives BPS model a new boost.

The book is easy to read. It is not too long and contains interesting arguments. One strength of the book is that it is not only about mental health and it could be used for different areas of health and disease.

The fact that it is open access makes it available for free. I highly recommend it to professionals in different areas of health and different grades. I think it could be a good addition to the trainees' curriculum.

Review by Dr Abdi Sanati, consultant psychiatrist, East London NHS Foundation Trust.

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