Editors: Dr Abdi Sanati (Consultant Psychiatrist, North East London NHS Foundation Trust) & Dr Steve Ramplin (Consultant Forensic Psychiatrist, Tees Esk and Wear Valleys NHS Foundation Trust)

It is now two years since we took on responsibility for editing the Philosophy Special Interest Group’s newsletter. We wanted to send a big thank you to everyone who has helped us prepare the newsletter during this period. We especially want to thank Professor Julian Hughes, who set such a high standard for us to follow, and our contributors, whose efforts continue to enhance our small publication.

Over the last three issues we have printed a series of articles on Ludwig Wittgenstein. We did not intend for these to become a debate, but for better or worse the subject has attracted much attention. Like any civilized discussion, we acknowledge the rule that allows the protagonists the final word. We independently received replies from Dr Clapham and Professor Fitzgerald, which we print here to close the conversation.

Recently, the philosophy of psychiatry community lost a pioneer: in September 2012, Professor Thomas Szasz (pictured above), the controversial author of many books including ‘The Myth of Mental Illness’, died at age 92. Whether one agrees or disagrees with his ideas, they remain influential. When we saw Professor Szasz address the INPP conference in Manchester two years ago his arguments remained razor sharp. This edition of the newsletter opens with a tribute to his intellect. But first a quote from ‘The Myth of Mental Illness’, which ends with a question those interested in philosophy of psychiatry should never tire of asking:

“The myth of mental illness, of course, is not literally a "thing" — or physical object — and hence it can "exist" only in the same sort of way in which other theoretical concepts exist. Yet, familiar theories are in the habit of posing, sooner or later — at least to those who come to believe in them — as "objective truths" (or "facts"). During certain historical periods, explanatory conceptions such as deities, witches, and microorganisms appeared not only as theories but as self-evident causes of a vast number of events. I submit that today mental illness is widely regarded in a somewhat similar fashion, that is, as the cause of innumerable diverse happenings. As an antidote to the complacent use of the notion of mental illness — whether as a self-evident phenomenon, theory, or cause—let us ask this question: What is meant when it is asserted that someone is mentally ill?”

THE UNTAMED TONGUE
Thomas Szasz’s Intellectual Legacy

Thomas Stephen Szasz, psychiatrist and writer, born 15 April 1920; died 8 September 2012

 “[Y]ou will not easily find another […] who attaches himself to the city as a gadfly to a horse, which, though large and well bred, is sluggish on account of his size and needs to be aroused by stinging”

Plato, The Apology (30e)

The work of Thomas Szasz is most famously characterized by his seminal position presented in The Myth of Mental Illness. This argument has two components, conceptual and ethico-political. Any clear understanding of the import of Szasz’s work depends on a careful separation of these aspects. First, the conceptual. Szasz’s argument against the applicability of the concept ‘mental illness’ is that taking any such construction literally constitutes a category error. Illness or disease is something that occurs in a body or one of its parts. The body and its parts are physical things, open to scientific investigation. The mind, on the other hand, is a name given to the complex of an individual’s thoughts and behaviour. Mental illness, then, is like lovesickness. Perhaps debilitating, distressing, and a cause of strange behaviour, but not a literal disease.
The quick, and now common, response to this argument is that it relies on outmoded medical science. On one hand, critics note that the lesion theory of disease, presupposed in Szasz’s original argument, has long been surpassed by a more advanced and nuanced view in medicine. On the other, advances in neuroscience are held to establish the necessary connection between states of the brain and states of the mind – the mind is not an organ, but the brain certainly is. The counter-argument runs something like this: many medical conditions are specified by functional, rather than exclusively structural, abnormalities. The function of the brain is to produce and organise thoughts and behaviour. Hence, abnormalities of thought and behaviour are functional abnormalities of the brain. Furthermore, modern neuroimaging techniques permit correlations between irregularities in thought and behaviour and irregularities of brain function and, in some cases, structure as well. However, this argument does not wash. The systemic functioning of parts of the body is assessed by the activity of these parts in relation to each other. By contrast, functional behaviour can only be assessed in relation to the context of behaviour – society. A part of the body is functioning correctly if it performs its expected role in the overall function of the body. Behaviour is functional so long as it does not interfere with the individual’s performance of her various roles in society. The relation between internal systemic function and functional behaviour is rather like the relationship between the mechanical condition of a car and the adherence of its driver to the rules of the road. Of course, faulty steering mechanisms or brakes can interfere with good driving, but one can still be a bad driver in a perfectly functioning car. Likewise, dysfunctional behaviour does not suffice to imply an internal dysfunction of the brain. This aspect of Szasz’s argument remains an important bulwark against biological reductionism, but it does not get us all the way to his radical conclusions.

The ethico-political component of Szasz’s view is far more controversial, and founded on an ideal of liberty that protests any undue incursion into the personal lives of individuals. This places not psychiatry itself, but psychiatric coercion, at the centre of his critique. Szasz’s polemical take on psychiatry is based not on a challenge to the utility or efficacy of psychiatric treatments, but on the imposition of such treatments against the will of an individual. Thus, the conceptual argument does not say psychiatric problems are not problems, only that unwanted interventions cannot be justified by the use of medical concepts. Szasz took no issue with elective treatment for psychological problems, but maintained that effective drug treatments do not imply medical problems. He did not oppose psychotherapy, though maintained it was no medical treatment but a “conversation between consenting adults”. Szasz’s view of liberty extended to views about the freedom of individuals to choose to take illicit drugs, or to take their own lives – Szasz believed that no authority had the right to prevent an individual from making bad decisions. It is possible to argue that Szasz’s political stance lacks nuance in viewing freedom as absolute. The continued importance of his influence on discussions (and legislation) surrounding autonomy in psychiatry notwithstanding, a perennial challenge for liberal societies lies in striking a balance between the freedom of individuals and their safety and security within a social order. Not everyone agrees that the former ought to be favoured in all cases. In more general medical matters, the relative benefits of preventative health measures bears careful consideration and ought not to be dismissed by simple outcries against the ‘Nanny State’. In psychiatry in particular, the same labels which (sadly) incur stigma and exclusion are instrumental in securing the benefits and entitlements that many people desperately need. In short, the issues are highly complex, and involve difficult negotiations about the role of the state and other authorities in the lives of individuals, negotiations which are always likely to court controversy.

The staunchness of Szasz’s political views, however, ought not to obscure his hugely important role in bringing attention to issues which remain at the centre of controversies in psychiatry. Nor, as urged above, should their extremity cast doubt on the subtleties of his conceptual argument. Thomas Szasz was an agitator to be sure, though arguably at a time when psychiatry was badly in need of agitation. His words, however blunt or brash, often spoke for many who could not make their own voices heard.

Roman Pawar, Wellcome PhD Student in Philosophy of Psychiatry, Centre for Humanities and Health, King’s College London

A List of texts by Thomas Szasz

Those new to philosophy of psychiatry might welcome this brief list to introduce them to Professor Szasz’s work:

Professor Michael Fitzgerald
Consultant Child & Adult Psychiatrist

Clapham (PSIG November 2011) is overly critical of psychiatric classifications and Wittgenstein's Asperger's Disorder (an ASD), as well as the notion of psychiatric disorders occurring over the span of what I assume he means homo sapiens. However, heritability is over 90% in the autistic spectrum and it is my view that such disorders have existed for over 130,000 years because of evolutionary advantage in terms of science, philosophy etc. (Fitzgerald 2004). Wittgenstein also suffered depression and suicidal ideas throughout his life. Yet it was philosophy that saved him from suicide, because it gave his life purpose. Berman and myself (1994) interviewed Wittgenstein's Psychiatrist before he died and he confirmed the prescription of sodium amytal for Wittgenstein's depression (Wittgenstein was extremely scrupulous in not taking an excessive amount of sodium amytal). The other psychiatrist friend that Wittgenstein had was Con Drury, who was one of my teachers in psychiatry. Wittgenstein's style of communication was monologues both in personal relationships and as a teacher, a style of communication typical in Asperger's Syndrome. However, diagnosis only refers to one aspect of a person and should never be seen as referring to a total person—I agree with Roche (PSIG June 2012) that you have to take internal factors (e.g. genes) and the effect of the external world together to understand the whole. Finally, most philosophies reflect the personalities of the philosopher; philosophies don't "fall off a tree", as it were, and Wittgenstein himself once emphasised the importance of a person's personality to their philosophy (Fitzgerald 2004). While the philosophers’ notion of the genetic fallacy can appear to be the fallacy on which philosophy is based, the opposite is actually true—in this vein, I have argued my case on its merits.

P.S. Wittgenstein said when he visited a psychiatric hospital that the patients were saner than the psychiatrists!

References:
- Fitzgerald M. 2000 Did Ludwig Wittgenstein have Asperger's Syndrome? European Society for Child and Adolescent Psychiatry Journal. 9, 61/65
- Lyons V. Fitzgerald M. 2005 Asperger's Syndrome Gift or Curse Nova Science: New York

Dr Miles Clapham

I would like to thank Roche for his thoughtful intervention and response to my rather polemical piece defending Wittgenstein from Fitzgerald's attempt to diagnose him with Asperger's. Roche states I am in danger of being wholly “externalist” in throwing out ‘internal’ concepts such as “inner world” and “semantic mental states”. In my view, such concepts fall foul of the “private language argument” that Wittgenstein explicates in Philosophical Investigations, an argument I am attempting to expand upon elsewhere, as well as articulating why this might matter to psychiatrists. For an introduction to some of the issues see Clapham (2008).

Roche introduces ideas from neuro-science, especially “the extended mind”, as a way of transcending the inner-out distinction. I certainly agree with this direction; I would not like to be taken as being on one side of such a dichotomy. I think that Wittgenstein himself transcends this Cartesian trap, that incidentally still bedevils even neuro-science (Bennett and Hacker, 2001). “I really do think with my pen” Wittgenstein states; now we think with our laptops, in some sort of way, showing our mind is extended along with the instruments we use, as the blind man's 'vision' is extended into his stick. It is misguided to think of the brain as the locus for everything to do with consciousness or thought. The nervous system, deriving from the ectoderm of the embryo, is in an exquisitely intricate relationship with every part of the body, so that our sensitive surface is everywhere in the body. The body is “inscribed” with emotions, or the effect of abuse, and self harm shows the emotions people can't speak of. It is impossible to separate the 'mind' from the 'body'.

Mirror neurones are a misnomer because the term implies a delimited part of the brain is involved in mirroring actions or mimesis. In ordinary children most of the brain is involved in copying even simple actions such as finger tapping, whereas autistic children use more limited and different parts of the brain when watching and attempting to copy this action (presentation at CAP conference). Mimesis thus involves the whole person in an identification of sorts with the actions of the other. In ancient Greece mimesis was what happened when representatives from one city (the theoros) joined in and participated in the rituals of another city, so aligning themselves with the culture of the hosts in order to understand them (Heaton, 1976).
Merleau-Ponty (1962) from a phenomenological starting point, comes to this non-dualistic understanding of the body in its intentional stance and relatedness to the world. For him the lived body is not separate from consciousness; rather, the body hosts lived through meanings and the mind is not a separate Cartesian locus.

The brain is part of what enables us to make and 'read' semantic or pictorial representations of aspects of the world, but it does not necessarily contain these representations in terms of coded neural activity (Bennett and Hacker, 2001). Another part is our culture and shared language, which determine the form of the representations. Wittgenstein's refutation of private language makes nonsense (resolutely so) of any inner content that only I have access to. The ‘code’ is in the representation, that is the words, or the sketch we make of the view across the river. Even Descartes realised that we do not create pictures in our mind of what we see, because then, _reductio ad absurdum_, we would need another see-er inside the mind to ‘see’ that picture. Language is extraordinary, but again does not necessarily represent the world – its logical form is not the form of the world (Diamond, 2000). Wittgenstein who seemed to put forward the idea of the pictorial nature of language in the _Tractatus_ also undermined himself by declaring it nonsense (Diamond, 2000)

There are deep issues here that do not fall into neat explanations. There are paradoxes such as the distinction between reasons and causes. My reasons for acting in certain ways do not reduce to causes. How I explain myself in language is not the same as a cause acceptable for scientific explanation. There may never be a foundation for psychological explanation, as there is no ultimate foundation for mathematics (Heaton 2010), nor probably for the 'ultimate nature' of reality (Westerhof, 2012).

Wittgenstein's intent was therapeutic, as Roche says. As a psychiatrist working with young people, I find that engaging with the young person and her concerns, the first and last things needed to work with her are not being captivated by explanatory systems involving 'inner' processes, and not putting forward the diagnosis as the 'thing' to be treated. A therapeutic relationship does not just deal with cognitions, nor even cognitions about emotions. The sensitivity between persons is a bodily thing, but resolutely bodies that think. I am moved when my patient is moved. One does have to immerse oneself in “forms of life”, the forms of life that the patient is taken up by, and one's responses cannot be limited to those prescribed by guidelines or theoretical considerations.

References:

**Book Reviews**

**Philosophy, the basics, 4th Edn., Nigel Warburton, Routledge: London and New York**

I remember when I began studying philosophy of psychiatry that although I was comfortable with the psychiatric side of things, I felt adrift with the challenges of an essentially alien discipline—philosophy! By way of a speedy solution, I reached for this slim volume. It was a worthwhile read that orientated me to the subject, as well as providing a stable platform for its further exploration. The introduction encourages the reader to _think_ from the outset, to engage actively and critically with the arguments presented in each subsequent chapter. Thus, one finds oneself deliberating philosophical arguments about God, morality, freedom, reality, science, the mind and even Art! Each subject is allotted its own chapter, and it is impossible to do justice to them all in a brief review. By way of example, the opening chapter explores philosophical arguments about the existence of God, with consideration given to the various strengths and weakness of several arguments, including design, first cause and ontological arguments; contrariwise, space is also given to one of the main counter-arguments, known as the problem of Evil, and then to the Free Will defence of this criticism. Each chapter is similarly broad in its topic approach. What came out for me most, however, is how much fun philosophy can be—both intellectually and socially, as you will undoubtedly find yourself debating the issues with friends and family. After all, and this is one of the book’s key messages, we are all philosophers.

Reviewed by Dr Steve Ramplin (Consultant Forensic Psychiatrist, Tees Esk and Wear Valleys NHS Foundation Trust)

Although this book is anything but a new arrival (the first edition was published in 1967), I encountered it only recently, while researching my dissertation for a Masters in Philosophy of Mental Health. Furthermore, while perhaps not the first book one would reach for in the field of philosophy of psychiatry, its consideration of such concepts as moral responsibility, will and action make it a relevant, as well as a thought-provoking read—and not just for forensic psychiatrists, although those within this discipline will perhaps find is most relevant.

Following a helpful introduction by John Gardner, the book opens with “Prolegomenon to the Principles of Punishment”, the first of several essays—it includes critical analyses of punishment and the nature of an offence, considers the justifying aim of punishment and who should be appropriately punished. For me, this initial precise explication of the underlying concepts typifies the clarity of thinking characteristic of good philosophy. The subsequent articulation of the different moral footing of justifications (acts the law does not condemn, e.g. self defence) and excuses (actions that are deplored but for which condemnation is precluded by a psychological state of the actor), and the ensuing comparison with mitigation, is similarly illuminating. Hart then deconstructs Bentham’s utilitarian defence of punishment, arguing that it does not justify restrictions against punishing those who are excused, because to do so would still deter offending in non-excused.

Hart’s second essay, “Legal Responsibility and Excuses” considers mental excusing conditions in more detail. By considering analogous situations where mental conditions invalidate civil transactions (such as wills), and side-stepping the thorny issues of determinism and just what voluntary means, he attempts to elucidate the nature of excuses, concluding that moral culpability is as necessary as voluntariness if punishment is to be permitted.

The volume continues with essays on various related themes, including “Acts of Will and Responsibility”, “Punishment and the Elimination of Responsibility”, “Changing concepts of responsibility” and, finally, a postscript titled “Responsibility and Retribution”, which aims to provide, in Hart’s words, a “more comprehensive account of the complexities and ambiguities of these notions.” The book is a justifiable classic that rewards the reader well—and I agree with Gardner’s commendation in his preface that “forty years on, Punishment and Responsibility has lost none of its vitality and power.”

Reviewed by Dr Steve Ramplin (Consultant Forensic Psychiatrist, Tees Esk and Wear Valleys NHS Foundation Trust)
The difference between disease and no disease is problematic, especially in psychiatry. Boorse’s biostatistical theory has dominated the discussion and this symposium was organised in his honour. Boorse himself spoke on three occasions: one session about the goals of medicine, one session answering to his critics with many of them in the room, and one session about disease and risk. Boorse defined disease as a type of internal state that is either an impairment of normal functional ability, i.e. a reduction of one or more functional abilities below typical efficiency or a limitation of functional ability caused by environmental agents. Boorse had to add the latter, because there are common diseases, such as dental caries, which are not captured by the below typical efficiency requirement as many people have caries. Boorse himself considered this description value free.

There is an on-going debate in the philosophy of medicine whether one can define disease value free. Two important representatives of the values-in group were presenting at the meeting: Nordenfelt and Fulford. Nordenfelt has developed a disease concept in relation to the philosophy of action. Ability in his view is what a person’s inner resources permit him to do. Nordenfelt focussed his conference presentation on the inability to work and asserted that secondary abilities should be decisive, namely whether somebody has the ability to learn a task. Fulford discussed his well-known case of ‘Simon’, somebody who has psychotic symptoms but seems to be functioning well. He illustrated with this case study how values are included in establishing a psychiatric diagnosis. Fulford also talked about his own work on Values Based Practice.

Schwartz discussed the boundary problem between disease and no disease and focused on which treatments should be funded by insurance companies. He was influenced by Daniels’ view about equality of opportunity and how diseases can interfere with this, but he was also critical about the use of specific named diseases. For example, suppose the prediction is that a child will not achieve normal height. If the child suffers from Noonan syndrome insurance companies will reimburse costs but, if there is no recognised disease, probably not. The question is whether this is fair.

Wakefield has developed a very similar definition to that proposed by Boorse, but according to him one should not use normal functional ability but deficiencies in functions which have been selected for in evolution. Wakefield agreed with Boorse most of the time and he also conceded that on some occasions one could not use evolutionary criteria, because information is simply not available. Hucklenbroich talked about a bottom-up approach, whereby the defining entity of a disease is always a pathological structure or process, which is not dependent on the volition and/or belief of the person affected.

Kingma discussed the problem with reference classes and the influence of the environment. Impairment of normal functional ability is always compared to a reference class, often members of the same species of same age and sex, but Boorse has not given a clear value-free explanation why this is the case. Boorse himself admitted that because many elderly people have certain problems that maybe age should only be used in children and that all adults should be in the same reference class.

Boorse sees his description of functional ability as dispositional, but not all the functions are performed all the time so it is difficult to see it otherwise. Our digestive system is not processing food if we are not eating, but there is no disease or illness. Kingma emphasized problems with this view, especially if one insists on developing a value free definition. Hausman discussed a different view of functional efficiency he has developed, whereby it is not a statistical matter, but based a contribution to a higher goal.

The symposium was rather technical at times and this conference report does not do justice to the complex philosophical arguments of the speakers. Possible answers to practical problems such as whether chronic fatigue syndrome is a disease and whether sufferers are entitled to financial benefits were not discussed. It is also questionable whether there is one disease concept with one demarcation for various questions, such as entitlement to reimbursement of treatment costs, entitlement to reimbursement of lost income and priorities for research. However, for people with an interest in the definition of disease it was probably a once in a life time opportunity as neither Boorse nor Wakefield want to fly, so they arrived by boat. It is unlikely that they will be both present at a symposium in Europe for the foreseeable future.

Authors tend to use different names such as disorder, pathological process, malady, etc. Here, I will use disease, similar to what most speakers did at the conference.

Dieneke Hubbeling, Consultant Psychiatrist, South West London and St. George’s Mental Health NHS Trust
Forthcoming Conferences from the INPP (International Network for Philosophy and psychiatry) Website www.inpponline.org and elsewhere:

Psychopathology and Clinical Practice: One Hundred Years of Karl Jaspers’ Psychopathology
Rome, Italy, 21-23 March 2013

The aim of this Course is to take a fresh look at Psychopathology and its place in the curriculum of young European psychiatrists. The organisers have put together a programme that combines theoretical, empirical, clinical and therapeutic perspectives. They propose that the relevance of Psychopathology for Psychiatry is threefold: 1) it is the common language that allows psychiatrists to understand each other while talking about patients; 2) it is the ground for classification and diagnosis; and 3) it makes an indispensable contribution to understanding patients’ personal experiences.

The course is intended for European early career psychiatrists, and it is intended to develop issues of psychopathology in the area of major psychoses, including manic depressive disorder and schizophrenia. The course is directed by Giovanni Stanghellini, with additional teaching from Josef Parnas, Andrea Raballo and Henning Sass. The course programme, along with application details, can be found at http://maudsleyphilosophygroup.org/uploads/pdf/Psychopathology%20Course%20Rome.pdf.

Summer School in Philosophy of Psychiatry: Mind, Value and Mental Health
St Catherine's College, University of Oxford, UK; 14 - 19 July 2013

It is with great pleasure that we announce this one-week accredited summer school. Presented by the Faculty of Philosophy and the Department for Continuing Education, this event will explore the areas in which the philosophy of mind and ethics or the philosophy of value come into contact with issues about mental health. The intensive programme will be delivered by renowned experts in the field through keynote lectures and seminars offering opportunities for substantial dialogue between philosophers, scientists and mental health practitioners.

The summer school will be led by members of the Faculty of Philosophy, including:

- Professor Martin Davies (Wilde Professor of Mental Philosophy, Corpus Christi College)
- Professor Bill Fulford (Emeritus Professor of Philosophy and Mental Health, University of Warwick, and Member of the Philosophy Faculty, University of Oxford)
- Dr Edward Harcourt (University Lecturer (CUF) in Philosophy, Fellow and Tutor in Philosophy, Keble College)

International guest speakers include:

- Professor George Graham (A.C. Reid Professor, Wake Forest University)
- Professor Terence Irwin (Chair of the Faculty Board and Professor of Ancient Philosophy, Keble College)
- Professor Chris Frith (Emeritus Professor, Wellcome Trust Centre for Neuroimaging at University College London. Neils Bohr Visiting Professor, University of Aarhus, Denmark)
- Professor Giovanni Stanghellini (Professor of Dynamic Psychology and Psychopathology - "G. d'Annunzio" University, Chieti, Italy.)

This event includes social activities and plenty of networking opportunities. Residential and non-residential options are available. Further details available: www.conted.ox.ac.uk/PoP. To register your interest in this summer school, please email conferences@conted.ox.ac.uk

International Network for Philosophy and Psychiatry

The 16th INPP International Conference will be held in Venice, Italy, in 2013 and the 17th INPP International Conference will be held in Bulgaria, in 2014.

UK Philosophy of Psychiatry Conference
Edinburgh, 3-4 October 2013

Building on the success of last year’s Aberdeen conference in honour of Professor Eric Matthews, we are pleased to announce that there will be another UK philosophy of psychiatry conference in October 2013, in Edinburgh. Although the full programme, list of speakers and theme is yet to be finalised, one can be sure this will be an event not to miss—make sure to keep the above dates free in your diary! Further details should be available in time for the Spring 2013 newsletter. In the meantime, please direct enquiries to john.callender@nhs.net.
Philosophy of Psychiatry SIG Website

Dr Dieneke Hubbeling continues to update the Philosophy Special Interest Group Website, which is located at: www.rcpsych.ac.uk/college/specialinterestgroups.aspx. Well worth a visit!

Contributions Invited for next Philosophy SIG Newsletter—send us your book reviews please!

In Spring 2013 issue we hope to include a couple of articles advising budding philosopher psychiatrists which books and journals make an ideal introduction to the subject.

In the meantime, here is a list of accessible online resources to whet your philosophical appetites ...

**Philosophy Bites**—as stated in their tagline, this online resource offers a wide selection of “podcasts of top philosophers interviewed on bite sized topics,” and includes a number of absolute gems. The amount of material continues to grow, and the variety is considerable—there is certainly enough to make any lengthy commute less arduous! Available at http://www.philosophybits.com/.

**Stanford Encyclopedia of Philosophy**—in direct contrast to the bite sized wisdom of the previous resource, the Stanford web based encyclopedia contains an array of detailed, authoritative, well referenced and up-to-date essays covering just about every aspect of philosophy imaginable, making it the ideal starting point for more in depth reading on a philosophical topic.

And Finally ....

As ever, we are always delighted to receive contributions and would particularly welcome book reviews—indeed, seasoned philosopher-psychiatrists may wish to submit a review for what they think is the discipline’s seminal text! Please send your material to either Dr Abdi Sanati (abstraxion@hotmail.com) or Dr Steve Ramplin (steve.ramplin@nhs.net) by 31 March 2013.