

# Why psychiatrists should study philosophy

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The nature of mental disorder gives rise to host of conceptual and practical problems in psychiatry. Many of these we stumble across as medical students and we find them appealing or off-putting depending on taste. What makes them especially challenging is that they are all in some way *philosophical* problems requiring philosophical solutions.

In this article I will argue that training in philosophy would benefit psychiatrists in providing the conceptual frameworks necessary to think clearly about psychopathology and the mind-body relation, and, additionally, in helping psychiatrists appreciate the theoretical basis of meaningful communication and ethical decision-making, leading to improved doctor-patient relationships and practical reasoning. In doing so, I also hope to clarify exactly what ‘philosophy’ is. Oddly many philosophers find this hard to express. Certainly, philosophy is about asking interesting and worthwhile questions - questions about reality and our place within it – but it is often suggested that one must witness philosophy at work and attempt it first-hand in order to understand what it is; so let us begin with one of the major problems underlying psychiatry: the mind-body problem.

## Mind and Body

The whole project of psychiatry is premised on the view that mental phenomena are dependent on physical entities like neurons and synapses. This underpins our belief that knowledge of mental disorder, and our ability to treat it, relies on our understanding of the brain. The problem is that the nature of the relation between mind and body is an utter mystery to philosophers and neuroscientists alike.

As people of science, doctors and medical students often have a ‘physicalist’ world view (believing that everything in the universe can be explained in terms of physical facts) and we cannot fathom how a soggy, physical and publically observable object such as the brain can give rise to private, subjective and qualitative states of awareness. Mental phenomena just don’t have a place in our prevailing physical theories, nor could we imagine them ever being able to. Thus we arrive at a typical philosophical dilemma: How can we accept the reality of the very subject-matter of psychiatry and stay faithful to natural science at the same time?

Well, some especially radical physicalists suggest that we shouldn’t go on accepting it; that there is nothing more to the brain than its physical state and we would do well to eliminate all things mental from our conception of the world<sup>1</sup>. But accepting this would surely be leaving out something crucial and precious - the raw feel of consciousness; of what it is like to experience something.

So perhaps we should take the opposite route and deny the physical, asserting that the world is a wholly mental construction. This would make us philosophical ‘idealists,’ following the tradition of 18<sup>th</sup> century Irish philosopher, George Berkeley, who famously claimed that “*esse est percipi*” (“to be is to be perceived”)<sup>2</sup>. Idealism stems from scepticism about our ability to gain knowledge about anything existing independently of our minds. However, the conclusion that nothing therefore *does* exist outside of our minds does not follow and we would be grossly irresponsible to dispense of the physical sciences (which have proved so abundantly successful in explaining the world) on such invalid grounds.

Failing physicalism and idealism, we might feel inclined to side with 17<sup>th</sup> Century Frenchman, René Descartes, and adopt ‘substance dualism’ – the position stating that mind and body exist independently as distinct substances<sup>3</sup>. Not only would this chime with our common-sense

notions about mind and body, it allows us to retain our commitments to both. Then again, dualists have the trouble of explaining how something purely immaterial can causally interact with something purely material. Descartes thought the interaction occurred in the pineal gland – unfortunately, most other answers fail to do any better than this.

This critical process is what philosophy is all about; using reason to investigate familiar concepts and gain knowledge about the way things are. Failure to deliver satisfying solutions can be disheartening, but it need not be regarded as failure outright. Not if we focus on what has been achieved simply in the process. By attending to various components of the problem we have identified the sources of our confusion and revealed underlying complexity; and using the conceptual engineering of philosophy we have been able to negotiate the subtle terrain.

## **Psychopathology**

Conceptual engineering can also allow us to think clearly about psychopathology. Take hallucinations for example: We define a hallucination as a perception in the absence of an external stimulus, and explain it in terms of a misattribution of self-generated internal events to external sources<sup>4</sup>. This seems fair enough, but is such an explanation at all enlightening when considered alongside healthy perception? Notice how we go about our normal lives perceiving an outer world of sounds, colours and smells, when our scientific accounts of the same world include nothing beyond air waves, electromagnetic waves and molecules. It seems perfectly normal to perceive the external world in ways that do not reflect its reality. Many of the properties we experience as belonging to the external world – like colour and sound - are in fact contributed internally by us, and our peculiar modes of perception.

Of course, in healthy perception, colours and sounds do still have an external stimulus whereas in hallucinations they do not, but the comparison does help to demonstrate the conceptual complexity inherent in attempting to explain phenomena like hallucinations. The words ‘internal’ and ‘external’ are essential but they mean different things depending on which point of view is being used. *Subjective* accounts describe what is ‘internal’ and ‘external’ as what we experience as such, whereas *objective* scientific accounts categorise the same depending simply on whether physical, chemical or biological processes occur inside or outside of the body. Unlike other medical specialities, psychiatry cannot dispense with the subjective point of view because its very aim is to understand how aberrations in the brain lead to aberrations in mental phenomena like perceptual experience. Philosophy provides the conceptual framework to think around slippery scenarios that scientific frameworks cannot accommodate. This lays the ground for clear thinking and speaking in the place of vagueness, and the value of this in the clinical setting is boundless.

## **Meaningful communication**

Studying philosophy can also have practical applications for psychiatry. The psychiatric interview is usually the sole basis of diagnosis and yet patients are typically poor historians. This in mind, psychiatrists would benefit from studying the work of 20<sup>th</sup> century Austrian philosopher, Ludwig Wittgenstein. He was particularly interested in how words and phrases acquire their meaning, and came to recognise that communication involves a multitude of ‘language-games’, where the same word or phrase may be used in various scenarios for different purposes and according to different rules, depending on which language-game is in

play. Following this, “the meaning of a word is its use in the language,” and instances of misunderstanding result from failure in detecting the rules of the language-game in play<sup>5</sup>. Such failures occur during psychiatric interview when patients may stretch words beyond their regular uses in an attempt to communicate their disordered and ineffable experiences; Patients claiming feelings of being ‘muddled up,’ ‘mental’ or ‘edgy,’ for example, might be interpreted in a variety of different ways. Additionally, some patients will use neologisms - invented words which are impossible to understand without clarification.

Getting to grips with Wittgenstein would encourage psychiatrists to explore the context of patient’s utterances in attempt to reveal the rules of the language-games they use. This would aid psychiatrists not only in understanding patients but in phrasing questions correctly and conveying meaningful information back to the patient by using the same language-games; in turn, helping to develop a therapeutic rapport<sup>6</sup>.

## **Professionalism**

In a more general way, philosophy can help with the additional demands laid on psychiatrists to conduct themselves professionally. Psychiatric patients often behave in highly abnormal, socially unacceptable ways and psychiatrists risk carrying underlying prejudices into their judgements. Unwittingly, this can lead to feelings of blame, derision and incredulity towards patients’ reports, which will compromise care<sup>7 8</sup>.

20<sup>th</sup> century Cambridge philosopher, Bertrand Russell, noted that “in all affairs it’s a healthy thing now and then to hang a question mark on the things you have long taken for granted.” Simply engaging with standard philosophical subjects - mind, language, knowledge, morality - leads to an increased awareness of the underlying beliefs that shape one’s day-to-day perspective of life. This activity would encourage psychiatrists not only to bring their own beliefs in question but to empathise with patients who clearly have different perspectives and envision how those perspectives might have come about.

The same activity is especially pertinent to moral beliefs – the guides to practical decision-making. All clinicians are faced with difficult ethical decisions but psychiatrists are routinely charged with removing patients from society and administering treatment by coercion; and these powers must be enacted with the best interests of both the patient and the potentially vulnerable public in mind.

These are scenarios where the stakes are high and wrong moves are enormously costly. To study moral philosophy is to tap into over 2000 years of experience in thinking clearly about the essence of moral goodness and what makes a right action right. Psychiatrists drawing from the works of Plato, Hume, Hobbes, Kant and Mill would ensure that their practical reasoning is well informed and made with a high degree of self-awareness, confidence and good conscience. In a far broader way, the great figures of philosophy serve as inspiring examples of thoughtfulness and rationality, from which psychiatrists can benefit just as much as today’s philosophers.

## **Suggested introductory texts in philosophy:**

- *Think: A Compelling Introduction to Philosophy* by Simon Blackburn
- *The Problems of Philosophy* by Bertrand Russell
- *The Riddles of Existence: A Guided Tour of Metaphysics* by Earl Conee and Theodore Sider
- *Ethics (Oxford Readers)* by Peter Singer

## References

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Student Associates - 1 May 2013