Philosophy of Psychiatry

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)

Far from being an isolated cerebral activity, philosophical consideration is at best a participatory discipline. Indeed, as Karl Popper (pictured above) once so astutely observed, we are all philosophers. But sometimes moving from being interested in philosophy to actually doing it can be tricky, so our opening article offers some insight into being in a philosophy of psychiatry group, and some tips about how to get there. The debating theme continues with our second feature, which re-visit a controversy ignited by our June 2011 Newsletter; that is, the post-mortem psychiatric diagnosis of Wittgenstein with Asperger’s syndrome. Thereafter we have our usual eclectic mix of conference and book reviews, as well as a brief look at upcoming conferences and courses and recent / forthcoming INPP publications. As ever, we welcome contributions, including book reviews and philosophically themed feature articles. Details of how to submit these can be found at the end of this newsletter.

Being in a PoP Group, by Norman A Poole

It is easy to pick up a passing interest in the philosophy of psychiatry: national and international cross-disciplinary conferences, a swell of philosophically orientated books and papers, a smattering of Masters courses and the vitality of the college’s special interest group all confirm psychiatrists’ and philosophers’ growing fascination for the topic. But it is not so easy to do the philosophy of psychiatry. By this I don't mean that the subject is not easy—of course it isn’t. What I mean, is that it is not easy to become actively involved in some way, developing ideas and theories or thinking critically about the subject or recent books or papers.

Stepping from a passive interest to being an engaged participant seems, to me at least, intimidating and daunting. What is more, we do seem rather stuck with the image of the lone thinker; Descartes cogitating by his open fire or Freud glowering at an empty couch. However, Descartes only dreamt of being alone beside that fire and Freud was in constant correspondence. Likewise, philosophers develop theories through iteration and argument with a group of peers. So, to begin doing philosophy of psychiatry it is a good idea to find some likeminded souls.

I am fortunate enough to belong to a group that has met monthly for five years now. We like to call ourselves a PoP (philosophy of psychiatry) Group—partly, because it gives a whisper of glamour to hauling oneself across London to King’s College on the Strand on a cold wet winter’s evening. Our PoP Group began because some of us who had completed the Masters programme in the Philosophy of Mental Disorder missed the seminars in which we had presented our work for critique. Others joining the group were working on projects or papers but had nowhere to discuss them. Professor Derek Bolton (who runs the course) spotted the gap and in late 2007 approached us with a proposal: a monthly group where work in progress could be presented. For the first few years we met in one another’s front rooms. Each month one preordained ‘popper’ presented for half an hour or so then sat back to await the response. We had all completed the Masters course at different points and thus barely knew each other, so at first the critiques were hesitant and cautious. But it didn't take long to get back into the swing of debate—while always respectful it is never restrained. The discussions have been productive. Each of us has published papers first discussed in group and a few have (or nearly have) completed PhDs in related fields.

Over the years various things have changed. We graduated from front rooms to a room in the medical humanities department at King’s College, which has the added bonus of having a number of reasonable pubs nearby. Some early members departed, but new ones joined—the conversations about this were in fact rather fraught. On the one hand, we wanted to preserve the smallness of the group, as this ensured everyone was able to present quite frequently. On the other hand, it was not clear how we could select just a few new members from respondents to any advertisement without it seeming contrived. In the end, although we had buried our heads we ended up adding a couple of new members without even trying.
Over the last year or two the group has become increasingly focussed. Regularly presenting to one another highlighted a number of shared interests—the role of culture in psychopathology, the ethics of involuntary treatment, the nature of insight—which we have taken forward by collaborating on various projects. In 2011, we delivered our first joint INPP symposium in Gothenburg, presenting a series of interconnected papers examining the tragic case of Kerrie Wooltorton, who died in hospital from anti-freeze poisoning because her decision to decline treatment was deemed capacitous. We explored the nature of rationality underpinning the Mental Capacity Act and the relative neglect of non-rationale aspects of decision-making like ambivalence. We are currently submitting a joint paper on this case for publication. We are also preparing a symposium for the July 2012 INPP meeting in New Zealand, examining delusions from a cultural and phenomenological perspective. Round a dark table in a death metal club in Gothenburg it was remarked that what started as an attempt to maintain some interest in philosophy of psychiatry has produced tangible results and abiding friendships.

Although not everyone has (or wants to do) a Masters in philosophy, I believe the group model has merit for which reason I want to share a few tips I have picked up along the way. Most importantly, be clear about what you want from the group. Several groups already exist where invited speakers are given a forum to discuss their latest work. These are open and the attendance varies month on month. We wanted a place to develop our own ideas so opted for a closed group of dedicated members. Aim for 8 to 10 initially; some will inevitably fall by the wayside. You ideally need a core of between 5 and 7 to keep a philosophical discussion group going as some months one or two people won’t be able to attend. Everyone need not know each other well beforehand, so you could advertise for members through your own and local trusts’ websites or newsletters. Agree a timetable well in advance so that everyone knows when he or she will be presenting. Do have a solid aim in mind as a goal, such as a paper or presentation. Try to have a mix of philosophers and psychiatrists. The former raise the standard of philosophical discourse, while the latter ensure the philosophers do not lose touch with clinical reality. Accept people will leave and the nature of the group will shift over time. Do not be disrespectful when critiquing. Remember, your turn to present will arrive soon enough. And finally, do agree a regular meeting spot that is good for everyone and has a reasonable pub nearby.

An ongoing debate ...

Wittgenstein, Fitzgerald and Clapham (in group therapy with Hegel)

by Dr Sean Roche (Consultant General Psychiatrist, North London)

Being astute clinicians we should be alert to the ‘philosophical splitting’ at the heart of the disagreement between Clapham and Fitzgerald (PSIG newsletters June and November 2011). It is interesting that of all philosophers, Wittgenstein the philosopher-patient is a source of such dramatic splitting within the philosophical community. There are both passionate adherents that cast him in the role of intellectual messiah, and incredulous detractors for whom Wittgenstein was an irksome subversive whose remarks have been an unhelpful diversion from the subsequent discourse of analytic philosophy. Surely Wittgenstein himself would approve of a therapeutic approach to this split. I think that some dialectical therapy is indicated.

On the surface the debate between Fitzgerald and Clapham is about the justifiability of diagnosing Wittgenstein with Asperger’s syndrome, and understanding his philosophical claims as arising in part from the cognitive architecture characteristic of this disorder. I am inclined to bristle, along with Clapham, at the rather imperialistic psychiatric temptation to apply diagnoses across times and cultures to individuals that have not even sought our help. To me this exemplifies the rather techno-bureaucratic culture within psychiatry that seems to mirror uncritically (to borrow from Jameson’s (1991) book title) ‘the cultural logic of late capitalism’. It is alarming how little resistance there is to the profligate application of pathological labels to all sorts of human behaviours – whether to adolescents spending too much time on the internet or individuals that are shy in social situations. This eagerness to ‘commodify’ all aspects of human experience is misguided and toxic for society.

However, at another level that is much more explicit in Clapham’s rejoinder, there exists a tension between our understanding of people couched in terms of the tissues of the brain or in terms of the communities and linguistic practices they inhabit. Lurking in this debate is the familiar tension between internalist versus externalist models in philosophy of mind. Clapham criticises Fitzgerald for advocating a hypothesis that ‘genes determine thought’, and then proceeds to dismiss, wholesale, internalist models of developmental psychology, language of thought, meaning etc. as ‘nonsense’, as having ‘no referent’. Clapham runs the risk of being excessively externalist, and we are thus ejected brutally from the space in the head out in to the world at large where presumably the only sense we can make of mind will be found in external forms of life and associated language games. This debate embodies a contradiction; a thesis and its antithesis. Perhaps progress will not consist in one position negating the other, but in holding the contradiction in mind whilst a synthesis might allow us to transcend the deadlock.
Indeed, we do not need to flip between inner and outer as seemingly irreconcilable philosophical positions as since Clark and Chalmers’ seminal 1998 paper, ‘The Extended Mind’, there has been a burgeoning interest in a model of mind that transcends both these spaces. To develop just one strand from Clark (2011), language is a domain of ‘material symbols’ existing outside of us in our culture but also internalised as symbols in the tissue of our brains where the it helps ‘scaffold’ our thoughts to increasing levels of complexity. A growing body of research (for example, Schore 1994, Tronick 2007) describes how our interactions with the world determine structural-functional developments in the brain that determine who we are and how we interact with the world. Inner and outer embrace in a dialectical dance from cradle to grave. When we go inside we do not find ‘ghosts’; instead we find mirror neurones and the developing frontal lobes in infants responsive to the patterns of care provided by a parent. Neuroscience begins to reveal how external objects and relations change our brain structures, whilst the ‘meanings’ of mental states necessarily supervene over the stuff both inside and outside of our heads. Fitzgerald is right to imply that Wittgenstein’s brain structure determined (in part) the kind of philosophy he advocated (but I recoil from applying psychiatric labels). However, Wittgenstein’s mind was neither located only in his head nor entirely outside of it. Rather, Wittgenstein’s thought, like all human thought, was both a function of his culture and the philosophical language games that he played as well as a function of the cognitive architecture realised by the tissues of his brain. Not ‘either / or’ but ‘both / and’.

As a final thought I note that Clapham warns against a notion of psychiatric conditions that ‘exist in all times and places’. I wonder if the same warning should also apply to philosophies. Wittgenstein showed remarkable flexibility in his ability to revise his own philosophy over the course of his career. I wonder what revisions he would consider today, given the data we have accumulated from fMRI and other techniques that give us remarkable insight into aspects of the brain in relation to its environment. Perhaps it would show greater fidelity to the Wittgensteinian spirit to be always open to revising our philosophies, rather than defending dogmatically a view whatever the countervailing evidence.

References

Book Reviews
On Suicide: a discourse on voluntary death, Jean Amery (Translated by John D. Barlow), Indiana University Press, 1999

This book about suicide was actually written by a philosopher who ended up committing suicide. Jean Amery was a Holocaust survivor who spent 1943-1945 in concentration camps. He wrote this book in 1976, two years after he attempted to take his own life unsuccessfully. He killed himself in 1978. Amery uses the term ‘voluntary death’ instead of suicide, and argues against “collective morals that condemn self annihilation”, like religion and social pressure. Perhaps surprisingly, psychiatry figures in the book only occasionally, although he does take on psychology and the dissection of “what has been deemed suicidal behaviour”.

One of Amery’s main arguments is that suicide belongs to the anti-logic of death rather than the logic of life. This argument is absorbing, especially when he asserts that “discourse on voluntary death only begins where psychology ends”. From the perspective of having experienced the desire to commit suicide, Amery argues that suicide is life affirming. He acknowledges that in discussing his first hand experience of inclination to death, and seeing it as “an immediate fact of consciousness”, he goes against scientific orthodoxy. Nevertheless he makes a good case for his point of view.

In a time when end of life decisions are being discussed increasingly frequently, the case for philosophical input into the debate is ever more urgent. By giving a different point of view Amery’s text has the potential to enrich our knowledge and further the debate.

Reviewed by Dr Abdi Sanati (Consultant Psychiatrist, North East London NHS Foundation Trust)
Is a book that strongly appeals to the idea of extended cognition relevant to what and how a clinical psychiatrist thinks about mental processes and behaviour? Can features of an agent’s physical, social, and cultural environment really constitute the agent’s cognitive system? When as psychiatrists we refer to cognition we usually make use of the traditional, brain-bound concept, derived from cognitive science. Traditional cognitive theorists talk about computation over internal mental representations, which they contend is the processing, registering and applying of bits of knowledge (information). The hypothesis of extended cognition maintains that cognitive processing spans the boundaries of brain, body, and environment. The extended cognition literature is rapidly growing, with advocates challenging some of the fundamental assumptions of cognitive science.

Clark and Chalmers, in their influential paper ‘the extended mind’ (1998), suggested that the use of an external physical object, such as a notebook (or, in 2012, the Smartphone) constitutes part of the cognitive processing as long as it meets four philosophical conditions: 1) The resource must be reliably available and typically invoked; 2) Any information retrieved from the resource must be more-or-less automatically endorsed; 3) Information provided by the resource should be easily accessible as and when required and 4) Information in the resource has been consciously endorsed at some point in the past and indeed is there as a consequence of this endorsement.

A lot of constructive criticism followed the publication of the above article. Frederick Adams & Kenneth Aizawa (2008) argued in favor of brain-bound cognition, raising three main challenges for a theory of extended cognition: 1) cognition is more than information processing, but cognitive processes have to be more specified than “whatever accomplishes a cognitive task”; 2) a clearer distinction between causal and constitutive relations is needed, so as to avoid the so-called coupling-constitution fallacy of extended cognition theorists, and 3) more attention needs to be paid to the distinction between an extended cognition system and extended cognition. In “Supersizing the mind”, which broadly speaking is an important book for cognitive science, Andy Clarke painstakingly examines many of these criticisms.

Part I of the book, "From Embodiment to Cognitive Extension", lays out the basic assumptions and evidence supporting the extended cognition hypothesis, including a very interesting discussion about linguistic structures and material symbols. Part II, "Boundary Disputes", offers a thoughtful argument against critical concerns raised by several cognitive scientists and philosophers, such as Adams & Aizawa (2008). Of particular interest is the discussion about biological memory systems and the range of human memory augmenting technologies. In part III, "The Limits of Embodiment", Clark asks some extended cognition theorists, like Alva Noë (2004), to ‘handle with care’ their belief in the existence of ‘strong sensorimotor models of perceptual experience’, which might have taken cognitive theory ‘one step too far’. Despite being in general sympathetic to these theorists, he argues they sometimes miss the point and fail to capture a critical characteristic of cognitive systems, which he describes as ‘computationally potent insensitivity of the key information-processing routines’.

Within the psychiatric theoretical discourse extended cognition is gaining momentum. For example, Lisa Bortolotti and Matthew Broome (2009) recently invoked the extended cognition theory while discussing certain findings of social psychiatry (aetiological models of psychosis). In doing so they asked psychiatrists to consider whether ‘certain environments yield particular information if the individual is in a given neurochemical-affective-neuropsychological state? Are certain cognitive acts, relevant to mental illness, subserved or supplemented by physical entities or relationships in the external world?’ ‘Supersizing the mind’ is an inspiring book, which urges its reader to reconsider some of his or her basic assumptions about mind and cognition.

References:

Reviewed by Dr Michael Kyratsous (CT1 Psychiatry, North East London Foundation Trust)
Suicide Prohibition: The Shame of Medicine, Thomas Szasz, Syracuse University Press 2011, 132 pages.

In The Myth of Sisyphus Albert Camus famously said “there is but one truly serious philosophical problem, and that is suicide”. Seventy years later Thomas Szasz demonstrates the truth of this statement with this short book, in which he attacks the notion of suicide as a psychiatric problem and instead cogently argues it to be a moral and philosophical one.

Szasz calls suicide prevention, “suicide prohibition” and goes on to declare medical considerations to be irrelevant to suicide. Interestingly, this position puts him in opposition to advocates of suicide prevention and proponents of physician assisted suicide alike, as both of these groups operate under the assumption that suicide is medicine’s business. Indeed, he clarifies that he is not arguing for a right to commit suicide but against the coercive prevention of this right. There is an interesting passage on the use of language in discourse about suicide, where suicide, the act, is turned into suicide, the actor.

Szasz draws parallels between suicide and homosexuality and explains that while psychiatry let go of the latter it seemingly cannot let go of the former. There are a couple of digressions where Szasz embarks on iconoclasm (which he is very good at) this time targeting the founder of logotherapy, Viktor Frankl.

While the book, which reads more like a long essay, is easy to digest, for many it will be hard to swallow. Indeed, it will surely offend many in the current psychiatric orthodoxy. But one thing Szasz has proven in the last 50 years or so is his ability to stimulate and provoke.

Reviewed by Dr Abdi Sanati (Consultant Psychiatrist, North East London NHS Foundation Trust)


Since Cleckley first introduced the concept of psychopathy in ‘The Mask of Sanity’ (1941), whether or not these individuals have moral responsibility has provoked debate, a fact this book acknowledges from the outset, attributing this attention to the uniqueness of psychopathy as a perspective from which to consider moral responsibility, itself one of philosophy’s most intractable problems.

‘Responsibility and Psychopathy’ is split into three parts. Part I (‘Psychopathy and the Law’) is a valuable introduction to the development of the concept of psychopathy in which crucial distinctions—such as those between psychopathy and antisocial personality disorder, and legal and moral responsibility—are highlighted.

Part II (‘Psychopathy: a New Research Paradigm’), examines the modern concept of psychopathy as defined by the Psychopathy Checklist (revised), including evidence for neurological correlates. This section offers an excellent summary of the issues and for this alone is recommended to anyone working in forensic settings. The final chapter is especially important, as it serves to challenge the oft repeated assertion that psychopaths cannot be treated, a claim responsible for much therapeutic nihilism. While it is fair to say that results of treatment programmes with psychopaths have been disappointing, the conclusions drawn here are both more optimistic and offer a challenge to clinicians. Those working with psychopaths would also do well to bear in mind the guidance on page 172.

The final Part (‘Responsibility and the Psychopathic Offender’) focuses on responsibility and psychopathy. Classic contributions to this debate (like Duff’s influential 1977 paper ‘Psychopathy and moral understanding’) are revisited. In general, the authors conclude psychopaths are not morally responsible, a finding that made me feel somewhat uncomfortable, perhaps because it implies an inviolable excuse. However, it is important to recognise that the debate continues, a point acknowledged by the editors. For example, while psychopaths may not feel morality, they are capable of intellectualising it, as evidenced by their ability to understand that others value behaving in certain moral ways. Although I would absolutely recommend this book to other forensic psychiatrists, it has value to a far broader readership, in that it extends the debate about moral responsibility.

Reviewed by Dr Steve Ramplin (Consultant Forensic Psychiatrist, Tees Esk and Wear Valleys NHS Foundation Trust)
Dimensions of Delusions Workshop, Berlin 12th May 2012

This workshop, which was organised by Anna Strasser at the Berlin School of Mind and Brain (University of Humboldt), aimed to explore dimensions of delusions relevant to psychiatrists, neuroscientists and philosophers. In the first presentation, Lisa Bortolotti (Reader in Philosophy at the University of Birmingham) discussed the relevant merits of competing philosophical accounts of the nature of delusions, defending the view that delusions are irrational beliefs whose irrationality is not so different in kind from the irrationality of superstitious or prejudiced beliefs. Hence saying delusions are irrational is not sufficient to distinguish them from ‘ordinary’ beliefs—other considerations, such as disrupted social functioning, must also be considered. Bortolotti added that it would be a mistake to have a purely “forensic” view of delusions, where the distinguishing feature of the deluded is that their autonomy and moral responsibility is compromised, because a diagnosis of mental illness does not necessarily imply loss of autonomy or reduced responsibility.

In the second presentation, Patrice Soom (Postdoctoral Researcher at the Philosophy Institute of the Heinrich Heine University, Dusseldorf) addressed the many problems raised by the DSM definition of delusions. He also proposed a functional definition of delusions, according to which they are defined on the basis of their causal role with respect to perception, behaviour and other mental properties. He identified the defining aspect of delusions as being their asymmetrical inferential profile. That is, while delusions might impact on other mental properties, other mental properties cannot impact on them, a conclusion he premised on the fact that delusions are insensitive to counterevidence, inferentially disconnected from other mental properties and immune from revision. Although his definition is too permissive, Soom hopes to further develop it.

The third section was about the formation and maintenance of delusions from a neurocognitive perspective and the speakers were Philipp Sterzer (academic and clinical psychiatrist working in the Department of Psychiatry and Psychotherapy at the Charité Medical School, Berlin) and two junior researchers from his team, Katharina Schmack and Florian Schlagenhauf. Sterzer argued that the most promising approach to delusion formation comes from the idea (endorsed by Frith, Corlett and Kapur, among others) that delusions are due to a single deficit in inferential mechanisms. Our learning is driven by prediction error—we use predictive coding to minimise uncertainty and respond to errors. When dopamine signalling is excessive inappropriate false inferences are generated. This explains the formation of delusions without appeal to a two-factor theory. Due to an aberrant error signal a sense of surprise is generated, which requires explanation (the delusional hypothesis) and causes unstable sensory predictions leading to excess higher level feedback (the delusional hypothesis “shapes” new experiences and counterevidence is more easily discarded). Several studies endorsing this model were presented in detail.

The final session was on phenomenological accounts of delusions and the speaker was Louis Sass (from the Department of Clinical Psychology at Rutgers University). He focused on one aspect of schizophrenic delusions, double bookkeeping, previously described by Bleuler. If we consider carefully some patient reports, and compare what they say with what they do, we realise that they seem to inhabit two different worlds; the actual, everyday world that they share with non-delusional people, and the parallel reality of their delusional world. Using detailed first-person accounts of delusions, Sass explored the phenomenon of double bookkeeping and the feeling of derealisation many people with schizophrenia have, that feeling of “not being at home”.

Reviewed by Lisa Bortolotti

Oxford Philosophy Lecture Series

Several philosophy courses are provided every year by Oxford University's Department of Continuing Education, many of which could interest psychiatrists. The “Introduction to the Philosophy of Emotion” lecture series, held in Rewley House, was presented by Rachel Paine in six weekly interactive lectures during the 2011 Michaelmas term. A short historical perspective to the subject was given, starting with Aristotle, taking in some key contributions from Augustine, Descartes, Malebranche, Hulme and Nietzsche and also from the more recent accounts by William James, Susanne Langer, Husserl and Heidegger. Contemporary contributions were drawn from Lazarus, Zajonc, Nussbaum, Damasio, Solomon and McGilchrist. These focussed on the debate opposing thoughts to feelings in understanding emotions. We examined the emotional meanings expressed by the body in examples of paintings, photography, sculpture, poetry and film and thus considered how emotional life is personalised through thoughts and feelings. A lecture on intersubjectivity, with reference to the work of Malebranch, highlighted the power of passion and motivation over reason in decision-making, arguing that feelings involve morality. This led on to consideration of the phenomenology of emotion, with attention to the embodiment of feeling viewed through the lens of William James.
Forthcoming Conferences from the INPP (International Network for Philosophy and Psychiatry) Website www.inpponline.org and elsewhere:

International Network for Philosophy and Psychiatry
The 2012 15th INPP Conference will be held at the University of Otago, Dunedin, South Island, New Zealand 5-7th (Thursday-Saturday) July 2012. The theme of this conference is Culture and Mental Health and its local organisers include Professor Grant Gillett, Dr Neil Pickering, Dr Judy Trevena, and Dr Richard Mullen. For more details please see the conference website www.otago.ac.nz/ppp/.

And looking further ahead ... 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.

The AHRC Autonomy Summer School, 20-22 September 2012, University of Essex
The AHRC Autonomy Summer School is a three-day training course aimed at frontline professionals and researchers who face issues surrounding autonomy and mental capacity in the fields of medicine and psychiatry, social care, policing and law. The aim of the Summer School is to equip practitioners and researchers with an understanding of the philosophical ideal of individual autonomy and to provide a forum for the discussion of the dilemmas surrounding its practical application. The teaching staff on the Summer School will be drawn from the Essex Autonomy Project research team and guest practitioners. Sessions will involve a combination of technical briefings, collaborative study of case-study material and interdisciplinary discussion of issues encountered in practice. As well as the programme sessions, the Summer School is designed to allow practitioners and researchers ample time for discussion, including a ‘Clinic’ workshop, where attendees can bring work-based issues for discussion with other professionals and researchers. The Summer School is a residential event, based at the University of Essex. Accommodation for delegates will be in rooms on the University campus. Fees are per person and cover all teaching, course material, accommodation and meals for the duration of the Summer School. Fees: £900 – private sector organisations, £650 – public sector/non-profit organisations. The Summer School is partially funded by the Arts and Humanities Research Council and a number of fee waivers are available. These will be allocated on the basis of financial need and to create a diverse mix of professionals at the Summer School. Should you wish to apply for a fee waiver, please indicate this on your application form. Places on the Autonomy Summer School are limited and we recommend that you register early for your place as we expect demand for this event to be high. For more information and to apply for a place please go to our website: http://autonomy.essex.ac.uk/ahrc-autonomy-summer-school-2012

"No aspect of our mental life is more important to the quality and meaning of our existence than emotions. They are what makes life worth living, or sometimes ending”. The spirit of the course mirrored this assertion by Robert Solomon, while the strength of the teaching was in the careful selection of topics and the excellent presentation of complex ideas with clear illustration through relevant contextual material, concise handouts and suggested reading. The course introduced us to some key areas of thought and literature and we thought sharpened our awareness of the constituents and expression of emotion in everyday experiences. It provided a tasty appetiser rather than a full meal, but it never failed to whet our appetite for future study.

Reviewed by Liliana Pasterska (Consultant Psychiatrist, formerly The Priory Hospital, Altrincham) and Penelope Hopwood, (Honorary Professor of Psycho-Oncology, University of Salford).
Forthcoming conferences / courses (continued)
MA in the Philosophy of Health and Happiness
The Philosophy Department at the University of Birmingham invites applications for an exciting new postgraduate taught programme, the MA in the Philosophy of Health and Happiness. The programme is designed to address questions such as: What is happiness? What is health? How does illness affect our understanding of what matters? Do our views about death and mortality affect how happy we are and how meaningful our lives are? Students explore issues at the intersection of philosophy, ethics, psychology and medicine, which have important implications for policy and healthcare. They are taught in a seminar format, where they have plenty of opportunities to get to know the literature in depth, ask questions, express views, and debate controversial issues. Members of staff teaching on the programme are research active and have an impressive record of publications and grant success in the relevant areas (e.g. biomedical ethics, philosophy of medicine, etc.). This programme is aimed at graduates who have a background in philosophy, psychology, theology, health sciences, medicine or social sciences. For more information, see our website http://goo.gl/eeDr7 or follow us on Twitter @philhealthbham.

Book Series
Oxford University Press: International Perspectives in Philosophy and Psychiatry
International Perspectives in Philosophy and Psychiatry is an international book series focusing on the emerging interdisciplinary field at the interface of philosophy and psychiatry. Volumes in the series will continue the broad theme of 'nature' (for causes/explanations) and 'narrative' (for meanings/understandings), building links between the sciences and humanities in psychiatry, but focusing on more narrowly defined topics. For details of the series please see http://ukcatalogue.oup.com/category/academic/series/medicine/ippp.do.

Recovery of People with Mental Illness: Philosophical and Related Perspectives
Abraham Rudnick, 978-0-19-969131-9, Paperback
September 2012 (estimated), £44.99

Autonomy and Mental Disorder (Right)
Lubomira Radoilska, 978-0-19-959542-6, Paperback
19 April 2012, £39.99

Finally, here’s a quick recap of titles from the INPP series covered in previous issues of the newsletter:


Contributions Invited for next Philosophy SIG Newsletter—in particular, tell us about your “Pop Groups”
As ever, we would be delighted to receive contributions to the next Philosophy of Psychiatry newsletter, planned for autumn 2012. Please send your conference reports, book reviews, press releases about local developments and short articles to either Dr Abdí Sanati (abstraxion@hotmail.com) or Dr Steve Ramplin (steve.ramplin@nhs.net). If our opening article inspires you to form your own “Pop group” please tell us about it so that we may publish the details in the next newsletter or on our webpage at www.repsych.ac.uk/college/specialinterestgroups.aspx.