

Philosophy and psychiatry

The Royal College of Psychiatrists Philosophy Group – a brief history of ideas

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This article summarises the aims, interests and history of this Special Interest Group since its inception in 1988. It also sets out to show that psychiatry requires philosophical training and research.

It takes only a few moments thought to realise that many practical questions confronting psychiatrists are in fact philosophical ones. Should I compulsorily admit this patient? This is medical ethics. Can I say this schizophrenic patient is also depressed? Answering this involves an understanding of the theory and purpose of psychiatric classification that extends beyond ICD-10 and DSM-III-R. When should behaviour disorders or psychopathy be regarded as psychiatric disorder? A correct decision involves a clear comprehension of the meaning of 'illness', and its relevance to many settings, including the law. Most readers will think of a half-dozen more. At present, the average trainee learns specific remedies for such problems. For example, the question of when to deprive a patient of liberty is answered by reference to the Mental Health Act. This approach deprives the trainee of the opportunity to consider why these remedies are deemed appropriate. There is thus a risk that decisions based on them will become unhelpfully mechanical in 'grey' cases, or that imperfect remedies will be applied uncritically.

The Philosophy Group was set up to address this need. Its goals are to raise awareness of the importance of philosophy, to initiate training in philosophy, to encourage dialogue between philosophers and psychiatrists, and to promote philosophical research in psychiatry. How well has it done?

Membership is a good estimate of awareness, if nothing else. After all, one would scarcely pay money for something one didn't value. The group currently has 484 members, representing 5.8% of the College. So, awareness is growing.

The internal organisation of the group is now well-established. There is a small national committee, a newsletter, and a network of local representatives, who are encouraged to develop activities at a local level. The group can therefore undertake ongoing projects as well as isolated events.

The initial programme of the group was to establish twice-yearly conferences. The titles of the first three conferences well illustrate the centrality of philosophy to psychiatry. 'The Atom in Mind – New Thinking on the Relationship between Mind and Brain' was held in February 1990. This was followed by 'The Concept of Self in Philosophy and Psychiatry' in June 1990, and 'Concepts of Causation in Mental Illness' in February 1991.

The group is part of a growing international movement. By June 1991 it was possible to stage an international conference, 'Philosophy and Mental Health' at St Catherine's College, Oxford. This conference was especially significant as there the group undertook to develop a new international journal, *Philosophy, Psychiatry and Psychology* jointly with the American Association for Philosophy and Psychiatry. 'PPP' is still gestating, but its first issue is due shortly, courtesy of John Hopkins University Press.

One strength of philosophical method is that it may rationally address areas in psychiatry that seem impervious to a scientific approach, or appear too obvious to question. Conferences and seminars (some international) on such themes as 'Values' (1993) and 'Psychiatry's Presumptions' (1992) exposed many such areas to constructive appraisal by both philosophers and psychiatrists.

The seminar 'The Psychiatrist as an Expert Witness' (1992) and the annual conference 'Psychoanalysis and Personhood' (1992) revealed synergy between central concerns of both philosophy and psychiatry. On the one hand, philosophical presentations helped clarify many issues in these two notoriously contentious areas. On the other, philosophers found real situations and explanations that forced many of them to reconsider their usual formulations about such fundamental matters as personhood, responsibility, and the appreciation of truth. Psychiatrists discovered they could teach philosophers, as well as learn from them.

In 1989, 1990 and 1992 the group made significant contributions to College meetings. Subjects included

the philosophy of science, psychiatric ethics, and a presentation from the Heidelberg clinic about the continuing relationship between psychiatry and phenomenological philosophy.

However, awareness and conference education provide information only. What of training in philosophical skills? The acquisition of a skill requires practice, preferably supervised. To meet this need, the group has supported both informal workshops and short courses.

The workshops have been a discussion forum, where psychiatrists, psychologists and philosophers of all levels could develop their ideas in concert. To date, there have been 27 such workshops, held in either London or Oxford. Several publications have resulted from them.

Four short courses have been organised, all of them in London. There is an eight-session course in Philosophy of Mind at the Royal Free Hospital, and a six-session Introductory Course in Philosophy at the Institute of Psychiatry, both intended for psychiatry trainees. Two other courses at Kings College, Philosophy of Science and Mental Health, and Philosophy of Mind and Mental Health, are similar, but intended for a broader audience of philosophers, psychologists and psychiatrists. An exciting development has taken place outside London, with the establishment of an external MA course in philosophy and psychiatry at the University of Sheffield.

So, the group has made considerable progress in a short time. The most pressing task is now the development of vital local groups, which can act as nuclei for training outside the London-Oxford axis. The group intends to develop teaching materials and library facilities to support this process.

One final question remains when considering the future of the group. Besides training and teaching, is there still significant research to be done at the interface of philosophy and psychiatry? In fact, the two disciplines continue to advance each other's knowledge, even if one discounts psychiatric medical ethics. The establishment of operational criteria for psychiatric disorder was an essential step in the development of modern psychiatry. This derived directly from the work of Carl Hempel (e.g. 1961) – a philosopher. Derek Parfit's *Reasons and Persons* (1984) has triggered an important philosophical debate about the nature of individuality. Many of the 'thought experiments' he uses to support his arguments are based on the results of neuropsychiatry, especially the study of individuals with divided or absent corpora callosa. 'Philosophy, Psychiatry and Psychology' will create an intellectual space that is dedicated to this type of research.

The group believes that the intellectual pursuit of philosophy within psychiatry should be more than just a hobby. It reflects the determination of many psychiatrists within the College to make this happen.

For further information about the group please contact the author.

References

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