CHAPTER 1

Progress in five parts

The Oxford philosopher, J.L. Austin, on whose work we will be drawing particularly in Part I of this book, once described philosophy as unique among academic disciplines in being concerned with problems not only without solutions but without even agreed methods for finding solutions. Philosophy is in this sense an 'edge discipline'. It is concerned with problems at the edge of our understanding. However, for many philosophical problems of this edge kind, there is a practical counterpart edge problem just below the surface of day-to-day practice or research in mental health: the problem of free-will, for example, is just below the surface of the addictive disorders, volition is just below the surface of obsessional disorders, knowledge of other minds is at the heart of childhood autism, disturbances of personal identity are central to the experiences of people with schizophrenia, problems of rationality are at the heart of the clinical concept of delusion, responsibility and issues of 'mad or bad?' are central concerns in forensic psychiatry, and, not least, the wider issues of the relationship between mind and brain are raised in acute new ways by functional neuroimaging research.

This book explores a series of edge problems shared between philosophy and mental health in five key topic areas, concepts of disorder, the philosophical history of psychopathology, philosophy of science, ethics and philosophical value theory, and philosophy of mind. Adopting a case study approach, the aim is depth not breadth. Each chapter takes the reader along one or more lines of argument around a given 'edge problem' shared between philosophy and mental health, testing and challenging the ideas presented through guided readings and other exercises aimed at developing the sharp thinking skills that are at the heart, equally, of both disciplines.

The extent of the shared agenda between philosophy and mental health is such that our selection of case studies is inevitably partial and incomplete. A number of important topic areas are covered in other books, some of them, as noted in Box 1.1, within this series: contemporary phenomenology, for example, although introduced in this book, will be the particular focus of Joseph Parnas, Louis Sass, and Giovanni Stanghellini's (forthcoming) *The Vulnerable Self: the clinical phenomenology of the schizophrenic and affective spectrum disorders*. However, there are other areas, such as the praxis-based Eastern philosophies, the meditative, Islamic and other spiritual traditions, and an emerging African philosophy, all of which, as noted in chapter 4, although offering potentially important resources for philosophy and mental health, await substantive treatment within the newly emerging field.

Box 1.1 Core companion literature for the *Oxford Textbook of Philosophy and Psychiatry*

The book as a whole

- Parnas, J., Sass, L., Stanghellini, G., and Fuchs, T. (forthcoming). *The Vulnerable Self: the clinical phenomenology of the schizophrenic and affective spectrum disorders*. Oxford: Oxford University Press
- Radden, J. (ed.). (2004). *The Philosophy of Psychiatry: a companion*. New York: Oxford University Press.
- The journal, *Philosophy, Psychiatry, & Psychology* (published in Baltimore, MD, USA, by The Johns Hopkins University Press).

Part I Core concepts in philosophy and mental health

- Caplan, A.L., Engelhardt, T., and McCartney, J.J. (ed.) (1981). *Concepts of Health and Disease: interdisciplinary perspectives*. Reading, MA: Addison-Wesley Publishing Co.
- Fulford, K.W.M. (1989, reprinted 1995 and 1999). *Moral Theory and Medical Practice*. Cambridge: Cambridge University Press.

- Tyrer, P. and Steinberg, D. (2005). *Models for Mental Disorder: conceptual models in psychiatry*, (3rd). Chichester: John Wiley and Sons.

Part II A philosophical history of psychopathology

- Berrios, G.E. (1996). *The History of Mental Symptoms*. Cambridge: Cambridge University Press.
- Berrios, G.E. and Porter, R. (1992). *A History of Clinical Psychiatry: the origin and history of mental disorders*. London: Athlone Press.

Part III The philosophy of science and mental health

- Boyd, R., Gasker, P., and Trout, J.D. (1999). *The Philosophy of Science*. Cambridge, MA: MIT Press.
- Sadler, J.Z., Wiggins, O.P., and Schwartz, M.A. (ed.) (1994). *Philosophical Perspectives on Psychiatric Diagnostic Classification*. Baltimore, MD: Johns Hopkins University Press.

Part IV Values, ethics, and mental health

- Bloch, S., Chodoff, P., and Green, S. A. (1999). *Psychiatric Ethics*, (3rd edn). Oxford: Oxford University Press.
- Dickenson, D. and Fulford, K.W.M. (2000). *In Two Minds: a casebook of psychiatric ethics*. Oxford: Oxford University Press.
- Sadler, J.Z. (ed.) (2002). *Descriptions & Prescriptions: values, mental disorders, and the DSMs*. Baltimore: Johns Hopkins University Press.
- Sadler, J.Z. (2004). *Values and Psychiatric Diagnosis*. Oxford: Oxford University Press.
- Woodbridge, K. and Fulford, K.W.M. (2004). *Whose Values? A workbook for values-based practice in mental health care*. London: Sainsbury Centre for Mental Health.

Part V Philosophy of mind and mental health

- Graham, G. and Stephens, G.L. (1994). *Philosophical Psychopathology*. Cambridge, MA: The MIT Press.
- Rosenthal, D. (ed.) (1991). *The Nature of Mind*. Oxford: Oxford University Press.

Consistently with the edge nature of the problems on the shared agenda of philosophy and mental health, there are no 'grand unified theories' in this book, no claims to 'explanations' of consciousness or of free will, or to 'solutions' of the mind–body problem. The temptation to come up with 'answers' is real enough. As we describe more fully in the concluding chapter of this book, 'Histories of the future', during the twentieth century philosophy and mental health both suffered stigmatizing negative attitudes arising from their respective failures to come up with 'answers'. A natural response to such attitudes is to take short-cuts, to collapse complex problems to solutions that, although perhaps simple and easy to understand, are wrong. In philosophy such short-cuts are relatively harmless. However, in mental health they lead to ideologically-driven foreclosures on this or that particular model of service delivery, which, in constraining the rich diversity of human experience and behaviour to a one-size-fits-all diagnostic or therapeutic system, became the basis of some of the worst abuses in twentieth century mental health care.

We should not be *too* chary of progress, on the other hand. On the contrary, as each part of the book illustrates in different ways, progress of a modest kind (albeit not in the form of incontestable or final 'answers') is already being made across a number of topics within the interdisciplinary field of philosophy and mental health.

Part I, on *Core Concepts in Philosophy and Mental Health*, focuses on the concept of mental disorder as the concept at the interface between philosophy and mental health. Three chapters draw out the characteristic features, respectively, of philosophical problems, methods, and results, as these bear particularly on mental health research and practice. There is also a chapter introducing psychiatric classification and descriptive psychopathology for philosophers, and a chapter introducing philosophical logic for practitioners.

It may seem inconsistent with the shared status of philosophy and mental health as 'edge' disciplines, to be talking of characteristically philosophical problems and methods, let alone results. The storyline of Part I, however, runs from an opening up of complex conceptual problems through methodological pluralism to results that amount to a more complete view of the original conceptual difficulties. Again, no grand unified theory emerges from this process, no claim to a full or final account of the complex concept of mental disorder. However, the more complete view to which we come provides a framework that is rich enough to support the user-centred and multidisciplinary models of service delivery of modern mental health practice.

Part II, A Philosophical History of Psychopathology, starts with a short sharp chapter, a 20-minute history of the shifting boundary between medical and moral understandings of mental disorder since classical times. The Part follows with an account of the foundational work of the German philosopher-psychiatrist Karl Jaspers on descriptive psychopathology in the early twentieth century, and then goes deep with two chapters on the influence on Jaspers respectively of Husserl's phenomenology and of the nineteenth century debate on methods in the human sciences, the *Methodenstreit*.

Throughout Part II, although focusing on the history of ideas behind modern descriptive psychopathology, our eye will be fixed very much on the future. Understanding how we came to current systems of psychopathology may help to guide future developments particularly as these are driven by advances in the neurosciences. Although covered in more detail in other books in

this series, we include in Part II sections on 'phenomenology today' and on the 'modern methodenstreit', the range of rigorous methods now available for the study of subjective meanings and significance alongside the methods available from the neurosciences for studying causal pathways in the brain.

With *Part III, Philosophy of Science and Mental Health*, we move into a series of in-depth case studies organized broadly around the stages of the clinical encounter: (1) the implications of the failure of logical empiricism for careful observation as the basis of clinical work; (2) diagnosis, classification, and realism in science; (3) clinical judgement and tacit knowledge; (4) the relationship between reasons and causes and theories of aetiology; and (5) the nature of progress in science and the role of evidence-based medicine in guiding treatment choice.

It is here above all, in the philosophy of science, that the 'edge' nature of the problems in mental health research and practice is most clearly evident. In the opening chapter of Part III, for example, a series of short excerpts from one of Freud's extended early case studies (the case of Dora) anticipates each of the key innovations in late twentieth century philosophy of science that we study in detail in later chapters. The scientific status of psychoanalysis, indeed of psychiatry itself, is a matter of continuing philosophical debate. But the message of Part III, a message that is captured most decisively by the problems of psychiatric classification explored in Chapter 13, is that psychiatric science is not a deficient, but, simply, a *difficult* science, closer perhaps in the rich mix of conceptual and empirical difficulties with which it is concerned, and the role that this gives to individual judgement in the scientific process, to theoretical physics than to the biological models underpinning traditional medicine.

Part IV, on *Values, Ethics and Mental Health*, starts with the familiar ethical issues of involuntary treatment and confidentiality but rapidly moves into the relatively unfamiliar territory of philosophical value theory. The storyline of Part IV is that the tools of traditional bioethics, effective as they have been up to a point in general medicine, are not well adapted to the conceptually more complex edge-of-understanding problems of mental health.

Part IV illustrates the way in which, even in an edge discipline, a discipline concerned with complex problems for which there is as yet no settled methodology, progress of a modest kind is still possible, not through 'solving' the big problems of philosophy, but by running with the breaks, by discovering a way in which some small part of a complex problem can be made tractable through new instrumentation or by way of a novel conceptual insight. Thus, a small but practically important part of the extra conceptual complexity of mental health ethics is the diversity of the values involved. This is because in mental health we are concerned with areas of human experience and behaviour—emotion, desire, volition, belief, identity, sexuality, and so forth—in which human values are highly variable. Philosophical value theory, introduced in Part I, makes this aspect of the added conceptual difficulty of mental health ethics tractable. Values-Based Practice, as the practical counterpart of philosophical value theory is called, is introduced in Part IV and its philosophy-into-practice applications (primarily through clinical skills training) are described, including its central importance for diagnostic assessment, an aspect of clinical practice that is of primary importance in all areas of health care and yet has been almost entirely ignored by traditional bioethics.

With *Part V*, on *Philosophy of Mind and Mental Health*, the final part of the book, we move into the metaphysical deeps of the philosophy of mind. As the natural bed-fellow of mental health research and practice, the philosophy of mind, in both analytic and Continental (especially phenomenological) traditions, has been an area of particularly active cross-disciplinary work in philosophy and mental health. The chapters in Part V thus cover case studies in the mind–body problem and organic psychiatry (in the case of Mrs Lazy whose brain tumour altered her personality 'for good'), in free will and volitional disorders, in autism and Knowledge of Other Minds, in personal identity and the disturbances of consciousness in schizophrenia, and in the relationship generally between reasons (of the kind we give for the things we do) and causes (of the kind offered by neuroscientists by way of explanations for the things we do).

Part V illustrates a further and crucial feature of the shared status of philosophy and mental health as disciplines at the edge of understanding. Through Parts I–IV most of the trade between the two disciplines has (thus far) been from philosophy to mental health: Values-Based Practice, for example, is a direct draw-down into mental health policy and practice from philosophical value theory. In the philosophy of mind, by contrast, there is an important trade the other way. Philosophy of mind does have implications for research and practice in mental health: Matthew Philpott's work, for example, described in Part II, draws on Merleau Ponty's phenomenology to explain the surface phenomena of dyslexia in terms of underlying differences in the temporal structuring of experience. However, in this area, much of the trade is the other way, the rich variety of psychopathology providing a crucial real-world resource for philosophy. A number of philosophers have recognized this. The Oxford philosopher of mind, for example, the late Kathleen Wilkes, made the resources of psychopathology the central theme of her seminal book, *Real People: personal identity without thought experiments*.

As noted earlier, the difficulties of making progress in both philosophy and mental health, as disciplines working at the edge of understanding, were consistently misconstrued throughout much of the twentieth century as deficiencies in the disciplines themselves, and philosophy and mental health were thus alike in being the butt of negative stigmatizing attitudes. The progress already made in the new interdisciplinary field points to a very different future in the twenty-first century. We return to this theme, to the trajectory of the interdisciplinary field of philosophy and mental health, at the end of this book, in chapter 29. Our conclusion will be that, contrary to the stigmatizing attitudes of the twentieth century, the new interdisciplinary field of philosophy and mental health is leading the way in the development of a model of twenty-first century health care that is equally science-based and person-centred.

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